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Vol. VI.

MAY, 1875.

No. 1.

THE

Indiana Journal of Medicine.

Edited by

THAD. M. STEVENS, M. D.

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COLLEGE OF PHYSICIANS AND SURGEONS OF INDIANA, Indianapolis, Ind.

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Session Commences Tuesday, Oct., 13, 1874,
ENDS MONDAY, MARCH 1, 1875.

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Dr. Hays

INDIANA

JOURNAL OF MEDICINE

EDITED BY THAD. M. STEVENS, M. D., INDIANAPOLIS.

VOL. VI.

MAY, 1875.

No. 1.

Original Communications.

SYNOPSIS OF AN ADDRESS

*Delivered at the Commencement of the College of Physicians and Surgeons, at Indianapolis, Ind.,
March 2d, 1875.*

BY EZRA M. READ, M. D., PRESIDENT OF THE BOARD
OF CURATORS.

LADIES AND GENTLEMEN—It was only in the past autumn, that we convened in this city to inaugurate the beginning of "The College of Physicians and Surgeons"—now about to close its first session.

It was not without distrust that an undertaking of such magnitude was thought of and commenced. It was with feelings of pride, however, that our plans were so skillfully made, that assurance of success was forced upon our minds, almost at the threshold of our existence—we felt the influence of the medical profession in the State of Indiana, invoking that success. Nor were we in a lesser degree insensible to the influences of

the citizens of Indianapolis in their aid to this great professional enterprise.

Above all, we had our own determined wills to succeed, and when the curators had selected a faculty individually so eminent in their respective branches, they were doubly assured of success, and if this night, we forever closed the college doors, its usefulness would still be manifest and influence felt in the future as now for the benefit of our race. Its teachings during the past winter can no more be blotted out than the flashings of the electric fluid from God's throne, eternal and all pervading, to which nothing can be put, from which nothing taken from it. It was the inception of the great undertaking that laid the lion in the pathway, but true courage rather seeks obstacles, and scarcely fails to remove them—the beginning is half finishing, or as our homely proverb expresses it, "well begun is half done."

Those having the control and immediate interest in its success, are completely satisfied with the results of the first session of teaching which is now closing, and I have no hesitation in the declaration of its excellence, in all respects equal to that of the best ordered, best established institutions of the country, and it is the full interest of those controlling and interested in its destiny to see that it progresses to the highest usefulness. In an age like this no backward steps are to be taken, and if born in the whirlwind and nurtured in the storm, it will develop to greater strength and broader influence.

And now, ladies and gentlemen, I trust that a few remarks personally addressed to you will not be untimely, not more for the good of this institution than for your own individual interest, not more for your own interest than for the interest of the human race. Those now present and those absent as well, can not but recognize the necessity and usefulness of medicine. Wherever the human race is to be found, there you will have disease and its frequent consequence, death. The economy

of civilization, too, demands the guidance of this science for the public weal to protect against and save from disease those who aggregate communities and States, and to avert from death so far as may be by the aid of science skillfully applied. To the physician is intrusted your hopes of health, life and happiness—he is the mentor of the human race, its Star of Bethlehem, its “*Cara Deum Soboles*,” its “*Salve Magna paneus*.” He is with you when you are born into the world, with you in all the trials of life, in the agonies of sickness and pain and sorrow, and goes with you into the dark valley of the shadow of death, the last human being to give you strength and hope. In the darkness of night, in the noon-day sun, in the cold and in the storm, he is your vigilant friend, hoping on, hoping ever. He softens the horrors of war, walks with the pestilence, with famine and with death. Others sleep, he toils with heavy lids and body worn and exhausted. Is all this for naught? Suppose this night, by enchantment if you please, that every physician in this city was borne beyond your call, would it bring you to the full realization of their usefulness or the need of their presence? How many trembling, hopeless, tearful mothers and wives, think you, would on bended knees implore their return? Is the profession of medicine, then, I repeat for naught? And to what sources do we ascribe the growth and perfection of this science and of medical men? It is by the aid of Medical Colleges, where all the apartments are provided for careful and thorough teaching in anatomy, in surgery, in the principles of medicine, the theory and practice of medicine, in obstetrics and its cognate branches, in physiology, in materia medica and chemistry, in all that widens up to properly prepare the student for the accomplished physician. This is the high and holy purpose of this and all other medical colleges. And has it no interest for you, none for the community, none for the commonwealth? If nothing more then, give this

and others your moral aid and support; if needed, give that of more potential character. If pressed you could at least for a time, dispense with the loaded shelves of goods and wares, with banks and even railroads, but not with the physician a single hour, except at peril—these are rather of luxury, medicine a positive necessity. Padua and Pavia were made eminent in history by their Medical Colleges, their students gave them wealth and renown, with their decadence faded away their glory. The grand old city of Scotland was made more grand by the solid learning had in its medical halls; the roads leading thither were made smooth by the armies of students ambitious for its diplomas, going from every part of the world. To it almost exclusively do we owe the education of our own prominent and learned physicians of the last century. Its glory has since been shared by the great schools of London, of Paris and Berlin, and in our own country, of Philadelphia, New York and Boston. It is for you with your influence and aid to render your own city, this Capital of the great State of Indiana, an educational center of medical learning, the equal of any named—this capital of a rich enterprise, rich in all the elements of civilization, rich in soil, giving back to the husbandman its hundred fold, rich in its forests, views and lakes, rich in its mineral resources, and above all, rich in the intellectual growth and influence and progressive spirit of its citizens.

We have adopted this as a means to educate and fit young men to become good physicians. All human purposes are impotent without the aid of science, without its directing influences. Superstition and jugglery and jargon wilt before it as the leaf in the noon day sun, and if the ignorant are wedded to such evil mockeries, they are to be abandoned, joined to their idols. Figures have character for veracity—what say they? In two of the great London Hospitals, St. Bartholemews' and St. Thomas, in the year 1741, the proportion of deaths to

cases was one in ten, in 1780 the mortality had diminished to one in fourteen, in 1813, to one in sixteen, and in 1827, to one in forty-eight. Of this the Duke of Sussex justly observed: "Such is the advantage which has already been derived from the improvement of medical science in the study of anatomy, that comparing the value of life as it is now calculated, to what it was one hundred years ago, it has absolutely doubled. The most fatally malignant diseases have become comparatively mild in the hands of modern physicians."

The entire half of our population were at one time destroyed by one disease alone—the small-pox; the mortality of which at the present time, is but partial. Typhus fever was once accustomed to visit this country in annual epidemics, and slay one out of every three where it attacked; whereas, in the present day, it is seldom seen as an epidemic, and its average mortality does not amount to one in sixteen. Measles, scarlet fever, hooping cough and consumption are now no longer regarded with the extreme terror in which they were once viewed. From the year 1799 to 1808, the mortality of consumption amounted to about 27 per cent. of those who became ill—more than one in four. From 1808 to 1813, it diminished to 23 per cent., and from 1813 to 1822, it still further decreased to 22 per cent.

To that grand old French Huguenot, Ambrose Paré, the surgeon of Kings and their armies, a little prior to the sixteenth century, the world is indebted for the improvement in arresting hemorrhage in surgical operations by ligating the arteries. Prior to that the red hot iron was applied to the open wound to sear the bleeding vessels for a like end. How great the humanity of this discovery? How it has saved life as well as spared from the pains of the burning, seething iron, is best understood by the profession. A very recent and practical discovery in surgery still further adds to the safety and bloodlessness of surgical operations.

It is for us to toil on, to investigate and increase the exactness of medicine, for "wisdom is a defence and money is a defence, but the excellency of knowledge is, that wisdom giveth life to them that have it." It is for you to give us courage and support by your confidence and influence, for we bring you offerings of more value than all ever made upon the most sacred altars. To us, medicine is the household God of our firesides and hearths—to you the sunlight of life, and Heaven's beautiful rainbow of hope.

When the great Sir Astley Cooper had become President of the Royal College of Surgeons in London, he was accustomed to address the candidates who had been declared worthy of admission in the following instructive language: "And now, gentlemen, give me leave to tell you on what your success in life will depend. *Firstly*, upon a good and constantly increasing knowledge of your profession—*Secondly*, in an industrious discharge of its duties—*Thirdly*, upon the preservation of your moral character. Unless you possess the first, *knowledge*, you ought not succeed, and no honest man can wish you success. Without the second, *industry*, no one will ever succeed. And unless you preserve your *moral character*, even if it were possible you could succeed, it would be impossible you could be happy." These were the governing rules of his own life and they made him a blessing to himself and the world, and from long years of observation, I can not but think how useful their adoption would be for all, and I commend them to you in my last words.

I shall hope, young gentlemen, for your happiness, prosperity and usefulness in all the walks of life.

CORRELATION AND CONSERVATION
OF FORCES.

BY G. N. DUZAN, M. D., ZIONSVILLE, IND.

Continued from page 531, April Number.

If it be true, that there is an immaterial vital principle—the “directive agency” of Dr. Carpenter—inherent in the germ, then the questions arise: Where does this immaterial principle reside after transformation of the germ, through successive differentiations, into a complete organism? Is it divisible or indivisible?

In the evolution of a germ into a complete organism, we find that the primordial cell multiplies itself by duplicative subdivision into a congeries of cells, which are apparently but repetitions of itself and of each other. Each one of the unlimited number of cells, arising from this duplicative sub-division, is endowed with a special “directive agency,” by which it determines specific differentiation of structure. Thus, each cell from which specific structural differentiation arises, is endowed with a peculiar “directive agency” which is a part of the “directive agency” supplied by the germ.

Not only does each differentiated structure, of the organism, receive a fraction of the “directive agency” inherent in the germ, but the organism imparts to each of its progeny a “directive agency” by which it builds itself up into the likeness of its parent. “In this mode of viewing the subject,” the “directive agency”—“what the germ really supplies”—is not only infinitely divisible, but it is also, capable of augmentation without limit—that too, without “being supplied *from without*. A *reductio ad absurdum* no less complete, than that which Dr. Carpenter let loose to devour the “organizing force,” which was, until lately, believed to be inherent in the germ.

If the “directive agency,” hypothetically inherent in the germ, is indivisible, then the question arises: Where

is the central point of the organism at which this immaterial and indivisible "directive agency" is located; "from which, as from a seat of government, mandates are issued to all quarters?" The existence of an immaterial and indivisible entity, which superintends the construction and maintenance of the organism, would necessitate a vital center—an anatomical or physiological unity. But no part of the organism can show the central point of all organic action; therefore, an anatomical or physiological unity, or vital center, in which is located an indivisible and impalpable "directive agency," is not demonstrable. There is no central point from which is issued, to all other points of the body, a *force* which excites and prescribes their functions; but the organism is composed of parts mutually dependent and functionally reciprocal. Instead, therefore, of an anatomical or physiological unity of the organism, we find it composed of an orderly series of centers—each center presiding over special functions and contributing to the harmony of all. We cannot, then, have a conception of that most heterogeneous of all types of organization—the human organism—as a unity, without divisibility; therefore, the existence—within or outside the body—of an immaterial and indivisible principle—whether it be designated by the terms "vital force," "form force," mind or spirit—does not seem capable of logical demonstration.

We do not expect to see the metaphysical conception of force outgrown and abandoned without a struggle. Within the domain of this question modern controversy chiefly exists; and from which we may expect most important consequences to flow. If we abandon the metaphysical conception of force, we must abandon the metaphysical conception of the Deity; and to abandon the metaphysical conception of the Deity, would be regarded, by some persons, as equivalent to the abandonment of the Christian Religion. "Once grant the *indestructible, immaterial* something called *force*," says Dr. Jewell, "and *spirit*

will take care of itself." "In the modern doctrine of the Correlation and Conservation of Forces," says the Rev. Dr. Cocker, "science is inevitably approaching the idea that all kinds of force are but forms or manifestations of some *one* central force issuing from some *one* fountain-head of power." "All force, then, is of one type, and that is mind; in the last analysis external causation may be resolved into divine energy."—Christianity and Greek Philosophy, page 211. If the so-called forces—which "may be resolved into Divine energy"—are but modes of motion; and if motion is inseparable from matter, then, the logic, of the Rev. Dr. Cocker, has led him to unconsciously embrace the faith of the materialist. We will not, now, pursue the theistic bearings of this subject further; but will turn to the other part of our task and endeavor to answer the question: How is life evolved from the ultimates, Matter and Motion?

ORIGIN OF LIFE.

Of cosmogony, as revealed to us by geology, we learn that the Earth, in her primeval condition, was a small vaporous sphere, which had severed itself from the larger one; and the temperature of the Earth was so high, at this time, as to effectually preclude the idea that living organisms could exist on it; there was once not a ray of life on the Earth, the temperature and constitution of the primeval atmosphere were incompatible, equally, with vegetable and animal life; vegetable and animal life subsequently appeared; life must, consequently, have had a beginning and the question, in which we are most interested, is, how?

In the solution of this problem, Prof. Tyndall says, "Two courses and two only are possible. Either let us open our doors freely to the conception of creative acts, or, abandoning them, let us radically change our notions of matter." Organic life had a beginning on earth and the energy that brought it into being, existed potentially somewhere; for *ex nihilo nihil fit* is a maxim, the

validity of which no man, who has in philosophical matters, a competent faculty of thinking, can ever doubt. The question is not of the *existence* of a power, adequate to produce all visible effects; but rather *where* does it exist? Is there a Metaphysical Infinity, beyond the material universe, that is not only its Author but its Upholder? Or may we close with Prof. Tyndall, when he affirms that we may, by prolonging our "vision backward across the boundary of the experimental evidence, discern in that matter, which we in our ignorance, and notwithstanding our professed reverence for its Creator, have hitherto covered with approbrium, the promise and the potency of every form and quality of life."

Faith here intervenes and ascribes the *origination* of life to a miraculous and instantaneous fiat of a Metaphysical Infinity. But the physicist, appealing to facts *within* the realm of matter, for the validity of his proof, declares that life is but a link in an endless chain of invariable sequence—not miraculously introduced by an instantaneous fiat, but slowly evolved from its "prepotent elements in the immeasurable past." The essential characteristic of life, says Virchow, "we find in *activity*." Life, then, as defined by Virchow, is a form of energy—a mode of motion. "To create or annihilate energy," says Prof. Tyndall, "is as impossible as to create or annihilate matter; and all the phenomena of the material universe consists in transformations of energy alone." The material universe, with its totality of "potential and actual energy," (motion) existed before the advent of either vegetable or animal life on the earth; therefore, life was not originated by a special creative act, or by a new and special form of motion miraculously introduced, but by transformation of pre-existing motion, under peculiar conditions, into *organic motion*. "The matter of our bodies," says Prof. Tyndall, "is that of organic Nature. There is no substance in the animal tissues which is not derived from the rocks, the water,

and the air. Are the forces of organic matter, then, different in kind from those of inorganic? All the philosophy of the present day tends to negative the question; and to show that it is the directing and the compounding, in the organic world, of forces belonging equally to the inorganic, that constitutes the mystery and miracle of vitality." There is no question, therefore, properly speaking, of a new creation, but matter and motion already in existence were brought into another kind of combination and motion. But, at this point, the questions arise: What is it, that directs and compounds, in the organic world, "forces belonging equally to the inorganic?" What was it, that directed the matter and motion, already in existence, into *organic motion*?

It is true that there are no known existent conditions, nor known existent forces, by which life is, spontaneously, evolved from not living matter. "Chemistry," says Virchow, "has not yet succeeded in forming a blastema nor physics in forming a cell." *Omne vivum ex vivo*—no life without pre-existing life—is being proclaimed, with an air of chivalrous confidence, by those who adhere to the Mosaic cosmogony.

"Looking back through the prodigious vista of the past, I find no record of the commencement of life, and therefore I am devoid of any means of forming a definite conclusion as to the conditions of its appearance. Belief, in the scientific sense of the word, is a serious matter, and needs strong foundations. To say, therefore, in the admitted absence of evidence, that I have any belief, as to the mode in which the existing forms of life originated, would be using words in a wrong sense. But expectation is permissible where belief is not; and if it were given me to look beyond the abyss of geologically recorded time, to the still more remote period, when the earth was passing through physical and chemical conditions, which it can no more see again than a man can recall his infancy, I should expect to be a witness of

the evolution of living protoplasm from not living matter. I should expect to see it appear under forms of great simplicity, endowed, like existing fungi, with the power of determining the formation of new protoplasm from such matters as ammonium carbonates, oxalates and tartates, alkaline and earthy phosphates, and water, without the aid of light."—Huxley, Lay Sermons and Reviews, page 366-7. "We can only imagine," says Virchow, "that at certain periods of the development of the earth unusual conditions existed, under which the elements, entering into new combinations, acquired in *statu nascente* vital motions, so that the usual mechanical conditions were transformed into vital conditions."

Assuming the hypothesis of Laplace, concerning the birth of our solar system, to be true, the sun, planets, and satellites were first only a nebula—"but one vast ocean of ignited materials."

The *earth*, the planets and satellites are but detached portions of nebula. Earth in its primeval state was an incandescent sphere. The elements of which it is composed were not in a state of combination, but were in a state of mixture, like the elements of its present atmosphere. There were neither organic substances nor inorganic compounds. The atoms of matter were in that state of intense vibration called heat, which was incompatible, equally, with the existence of organic substances and inorganic compounds. After the vibratory motion of the atoms was imparted to the ether, which is diffused throughout the universe, a new mode of motion, known as chemical attraction, took place, by which inorganic compounds were formed. At one period, through which the earth passed, all the sulphur, carbon, and chlorine, in existence, must have been represented by sulphuric, carbonic and hydrochloric acids, which were constituents of the earth's atmosphere. The first rains which descended would be charged with these atmospheric acids, which combining with other elements

would result in the formation of the compounds known as sulphates, carbonates, chlorides, etc. Thus, without any special creative act, was the inorganic world formed; simply by transformation of vibratory motion of the atoms, or motion of repulsion, into motion of attraction.

If the *inorganic* world was evolved from pre-existing matter and motion, without a miraculous interposition of a Metaphysical Infinity: what can possibly justify us in assuming that the organic world could not have been evolved by the same natural agencies?

The materials and the motions of the organic world are derived from the inorganic; and at a certain period, "of the development of the earth, unusual conditions existed under which the elements" entered into new combinations—as they did when they formed the inorganic world—and while "*in statu nascente* acquired vital motions, so that the usual mechanical conditions were transformed into vital conditions." Of causation, John Stuart Mill says, "Let the fact be what it may, if it has begun to exist, it was preceded by some fact or facts, with which it is invariably connected. For every event there exists some combination of objects or events, some given concurrence of circumstances positive and negative, the occurrence of which will always be followed by that phenomenon. We may not have found what this concurrence of circumstances may be but we never doubt that there is such a one." Again, Mr. Mill says, "The state of the universe at any instant we believe to be the consequence of its state at the previous instant; in—somuch that if we knew all the agents which exist at the present moment, their collocation in space, and their properties, in other words the laws of their agency, we could predict the whole subsequent history of the universe." The law of causation, is an endless chain of invariable sequence; there are no chasms, breaking the unity of natural phenomena, to be bridged by metaphysical agencies; there is no "missing link" in the chain of

being, though we may have failed to discover it; but the first cellule—the first egg—which was developed into the first living being, was evolved from pre-existing matter and motion under the “directive agency” of *physical conditions existing immediately preceding its appearance*.

There is no such thing in nature as an isolated, or self-caused, phenomenon; but every phenomenon of nature, is the necessary and invariable consequent, of necessary and invariable antecedents. There are no *causes* of phenomena which are not themselves *phenomena*; therefore, there is nothing to justify the assumption that life was originated by a self-existent, isolated, metaphysical agency, underived from, and wholly unrelated to, anything else in nature. “Geological investigations,” “says Baron Liebig,” “have established the fact of a *beginning of organic life upon the earth*,” which “leaves no doubt that it can only have arisen naturally and from inorganic forces, and it is perfectly indifferent whether or not we observe such a process now.”

“Inorganic forces” are but modes of motion, and if organic life has arisen from inorganic forces, then, it originated from the transformation of pre-existing motion, under peculiar conditions, into *organic motion*. The peculiar condition which determined the transformation of pre-existing motion into *organic motion* existed at a certain period,” when the earth was undergoing physical and chemical changes, “which it can no more see again than a man can recall his infancy.”

“Pre-supposing the existence of the first organic principle,” says Buchner, “there is not much difficulty in believing that the whole organic world was developed out of itself, without the assistance of a peculiar organic force.” Geology reveals the fact that the first organic principles were simply round cells in the water; by interaction of these simple structures and their environments they were differentiated so as to become plant cells on the one hand and animal cells on the other.

From the interaction of the "first organic principle" and environment, "through countless ages past," species were differentiated and mind was unfolded without the miraculous interposition of a metaphysical agency. "Vital activity," says Virchow, "is, as far at least as we are able to judge, nowhere, in no part whatever, carried on by a cause allotted to it from the very beginning, and entirely confined to it, but we everywhere see that a certain *excitation* is necessary for its production. Every vital action pre-supposes an excitation or if you like an irritation."

Vital activity, then, is not the manifestation of a special metaphysical entity called "*vital force*," but it is an action of the organism in response to an external stimulus—an interaction of organism and environment.

It is not only true that bodily functions are actions of the organism, in response to external stimuli; but *mind*, also, is not an *entity*, but a *combination of functions*, of the supreme nerve centers, excited by impressions from without.

"When a motion of a certain kind," says Saigey, "is replaced by another of a different kind, the reason for this exchange usually escapes us; and it is because of this ignorance that we have had recourse to the idea of force; we say that a force is exhibited, and produces such and such effect, because we are unable to grasp the anterior motions from which this effect results."

Vital activity, whether it be manifested in the bodily functions, or as mind, is not an expression of a *force*, separable from, and independent of, matter through which it is manifested; but it is a *mode of motion*, the corollary of antecedent motion.

"At the present day, we are in possession of a sufficient number of positive facts to render it certain that there is, and can be no intelligence without brain-substance; that when brain-substance exists in a moral condition, intellectual phenomena are manifested, with a

vigor proportionate to amount of matter existing; that destruction of brain-substance produces loss of intellectual power; and finally, that exercise of the intellectual faculties involves a physiological destruction of nervous substance, necessitating regeneration by nutrition, here as in other tissues in the living organism. The brain is not, strictly speaking, the organ of the mind, for this statement would imply that the mind exists as a force, independent of the brain; but the mind is produced by the brain-substance; and intellectual force, if we may term the intellect a force, can be produced only by the transmutation of a certain amount of matter."—Austin Flint Jr., *Human Physiology*, vol. iv, page 326-7.

There is a class of metaphysical philosophers, that believe that the mind, soul, spirit, or heart, as it is variously called, is an extraneous immaterial entity; that it is only manifested through matter, when the body has attained a certain stage of development. Now, what is the origin of this imaginary extraneous entity? Has it always existed, and has it been wandering through the ages, like the Wandering Jew? Or has it, Micawber-like, been "waiting for something to turn up"—a body to be formed, through which it could manifest itself temporarily, for its own amusement? If it has not always existed, perhaps it was created, by an instantaneous fiat at a given period, when the body assigned to it, as its earthly tabernacle, should be fitted for its reception! This extraneous spiritual entity is something, with which, physiology is unacquainted. It is an ethereal essence, that exists only in the ideal world of the theologian "across whose sacred confines scientific shoes must be put from off the feet." When we endeavor to think of mind, as a metaphysical entity, the subject "eludes all intellectual presentation," and we are almost persuaded that

"We are such stuff

As dreams are made of, and our little life

Is rounded by a sleep."

SYNOPSIS OF AN ADDRESS;

Delivered before the Veedersburg Medical Society, April 22.

BY THAD. M. STEVENS, M. D., INDIANAPOLIS.

Published by order of the Society.

There is a tendency common to humanity to coalesce with some object, either with his fellow man, some animal of lower intelligence, or in absence of these, the soul reaches out and takes to itself companions from the unseen. The instance of anchorites of former times, or the isolated hermit of the present, or the fact that non-gregarious animals are found, does not destroy the force of this rule. The forum and rostrum, the pulpit and lecture desk, are all placed in keeping with this law. The church with its discipline, the secret societies with their rituals and ceremonies, Nay! the very cities and villages of the land, are in response to such a tendency, and though "God made the country," there is at all times a tendency to draw the inhabitants to a central point, to concentrate for mutual advantage and pleasure. That there be evils associated with such tendencies, is no doubt true, for every good has its opposites that must be avoided. Some of these organizations are for educational purposes, others for social and moral benefits, and others still for business ends alone, to collect whatever is of commercial or reciprocal interest in the affairs of life, each has its primary object, but an organization that neglects in *to to* any one of the elements we have mentioned, will fail to obtain the ends for which it was founded, Nay! direct and overt injury will be the result.

There is without doubt a central element around which all the others center; while it is not superior, it is all pervading, cementing, if properly cultivated, the different units into one harmonious compound. Such we find in the *social* element. It is this that leads in all organizations, that binds all hearts and purposes into one. If this is properly guarded, it will do much to cement

any body of men, congregated for any purpose. Without it such may at any time explode like a Prince Ruperts drop, at the touch of a feather. * * *

At certain seasons of the year, we notice flocks of that beautiful fowl, the wild goose, going to or from their breeding place in the North; arranged as orderly as a battalion of trained soldiers, they follow their leader that forms the apex of a triangle; if he keeps upon a straight path so do they, if he varies his course, they by beautiful undulations still keep in rank; if a leader by any means disappears, another takes his place with but temporary disarrangement in the plan. Such is perhaps but a feeble illustration of the relative position occupied by the different elements mentioned. All are essential to the integrity of the whole. * * *

Let us apply these general remarks to medicine in particular. * * * Medical Societies are modes of association, and practically in such we must have, 1st, the oral and written experience of the members. 2d, social communion, full of good feeling, guided and controlled by right principle. 3d, We must have *law*. The code adopted by the American Medical Association, that body to which we all acknowledge allegiance, and from which, composed at it is, of delegates from the various medical societies of the State, we look for council and direction, ought to be *our law*. It is true that all contained therein may not meet with our approval, a portion may affect our sense of liberty, and we may chafe under what we deem arrogant assumptions or undue restrictions, but we must remember that perfect liberty comes only with perfect law, and such have but one source, divinity—such we cannot change and ought not to resist, but human law—and the code is but such, may either be imperfectly formed, or by change of circumstances become unfit for the time or place. * * *

Such forces that oppose our successful workings we

must meet in various ways, and when we cannot repel, we should with flexible firmness bend to the destructive tendency until "it passes by," so we may conquer and live. * * *

One of the most destructive agencies at work in our medical societies will be found in internecine quarrels. The fight of Doctors are proverbial for having a great amount of froth with but little blood.

The woes of Illium, though passed, were sung of yore as if present, so the wars of Doctors, whether real or imaginary, hang on like the seven day ague, or the facial neuralgia. We cannot resist the tendency to look at the humorous side of the question, but whether serious or laughable, it is a real trouble in nearly every organization of medical men, and though we may not prevent this perterebrating element from entering, we should go steadily forward, work more earnestly than before, become reconciled one to another, cast out contention by industry. We must remember that we "live not for ourselves alone," there is no time to loiter or quarrel, the "prize lies at the end of the race." Let each instead of tripping his neighbor or perchance chastizing him for wrongs done, become filled with the enthusiasm that is essential to earnest and successful exertion, and with love assist the weak, with pity those in the wrong. Thus harmony shall prevail, while personal dignity is upheld, not by hostile bayonets, but the acclaims of praise from our fellows.

RAPID AND AUTOMATIC FILTRATION,

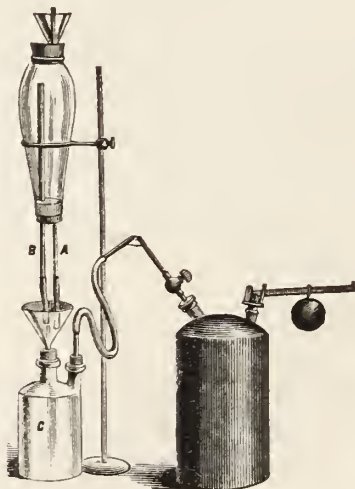
With description of Apparatus.

BY THAD. M. STEVENS, M. D., INDIANAPOLIS, IND.

Among the most useful principles to the analytic chemist, are those of automatic and rapid filtration. Several appliances have been brought into use for the

accomplishment of such process. As to rapid filtration, none have any degree of value that are not based upon the idea of exhaustion of the vessel to contain the filtrate. "Bunson's Pump," so-called, is the most efficient of all in use, but there are several practical objections thereto. First, its cost and fragility prevents its universal adoption and is productive of troubles; apart from this it requires a plentiful supply of water such as is not available in the smaller laboratories at least. Such objections practically shut off seven-eighths of those who would be benefited from its use.

Feeling the need of some more simple apparatus, one that could be obtained by all, we have applied the well-known power of steam to the purpose of producing exhaustion, in the same way as it is applied in the common atomizers. A boiler holding about a pint is used, with this we can cause enough exhaustion to answer in all ordinary cases.



Apparatus for Rapid and Automatic filtration. A. Tube with rubber tip by which the filter is supplied. B. Tube with rubber tip by which air is supplied to vessel containing the fluid. C. Wolff bottle to contain filtrate.

By reference to the cut, the plan will be fully ex-

plained. The boiler has attached to it the atomizing tube. The lower portion of the latter unites by a rubber tube with the vessel (C,) to be exhausted and that is to contain the filtrate, in this case it is a Wolff's bottle. Into one opening of this is inserted a cork, through which a funnel is passed, this completes the rapid filtration part of the plan. As the fluid is poured into the filter, that is placed in the funnel inserted into the vessel (C,) and exhaustion produced by the atomizer, the rapidity of filtration is increased from four to six fold, sufficient for all practical purposes. The adjustment of the filter into the funnel is similar to that of Bunson, a platinum cap being placed at the apex to prevent rupture. What we have found to answer quite as well is a point or cap of artificial parchment paper applied in the same way.

The automatic portion of the apparatus shown, may be formed out of a lamp chimney, and may be of various sizes according to the amount to be filtered. A cork, of gutta percha in preference, is fitted into either extremity at the chimney; into the lower cork two glass tubes are inserted, the one stopping at the inner surface the other passing up to within a short distance of the other cork. At the lower extremity of these two tubes, are attached two pieces of rubber tubing, the one upon the tube (a) to be about three inches in length, the other, two and a half inches, through the cork, at the larger and upper extremity of the chimney, a small funnel is passed, through which the fluid to be filtered is poured, the rubber tubing below being closed by a small clamp in the mean while, when the fluid has been introduced, the tube of the funnel is closed by a plug of soft wood or rubber, thus the chimney is airtight. Now if this is supported by a retort stand and placed so that the rubber tubing (a) and (b,) be within the filter and the end of (b) one-fourth of an inch below the upper edge thereof, and the clamp removed, then the fluid will pass out of the tubing (a) until the end of the other tubing (b)

is closed by the escaped fluid. This will of course take place before the filter is quite filled, and at that instant the flow will cease until this tube is again rendered pervious by the escape of the fluid through the filter. The fluid cannot overflow the filter at any time, and the filtration can go on until all the fluid has passed without any further attention being bestowed upon it. Again, the continued agitation of the liquid that takes place in the chimney, thoroughly washes the precipitate, so that when the operation of filtration is once completed, no further trouble is had as in cases where this plan is not adopted. In conclusion, we will say that the practical working of this mode of Rapid and Automatic Filtration is satisfactory. The gross cost need not exceed ten dollars. The exhaustion of the vessel (C) might be produced by the substitution of clock work for the steam atomizer, or electricity could be utilized as the motive power.

CIRCULAR.

MARION, INDIANA, MARCH 1st, 1875.

To the Committees on Organization:

GENTLEMEN:—At the last meeting of the Indiana State Medical Society, the following Committees were appointed in the several Congressional districts for the purpose of securing the organization and incorporation of county societies in all the counties of their respective districts, viz: 1st district—Drs. S. E. Munford, E. Murphy and W. R. Davidson; 2d district—Drs. John W. Pugh, J. W. Gray and B. J. Hon; 3d district—Drs. N. Field, L. M. Linton and J. A. Stillwell; 4th district—Drs. M. Sexton, L. J. Woollen and W. Bracken; 5th district—Drs. V. Kersey, I. R. Weist and George Sutton; 6th district—Drs. W. Lomax, G. W. H. Kemper and N. P.

Howard; 7th district—Drs. J. H. Woodburn, R. N. Todd and G. B. Mitchell; 8th district—Drs G. W. Burton, B. Newland and J. P. Worrell; 9th district—Drs. S. G. Irwin, C. D. Watson and W. W. Vinnedge; 10th district—Drs. John Medaris, C Angell and W. Spencer; 11th district—Drs. W. Scott, M. B. V. Newcomer and W. H. Bell; 12th district—Drs. J. S. Gregg, Wm. B. Lyons and P. Draper; 13th district—Drs. H. D. Wood, John Denser and J. A. Curran.

It is the purpose of the State Society to effect a thorough organization of the profession of the State through the medium of county societies to be represented by delegates in the State Society. To secure uniformity in the local societies, a form of constitution was adopted which will be found in the transactions of 1872. An additional article describing the seal which each society may adopt for itself, should be inserted in order to conform with the requirements of the law of the State providing for the formation of voluntary associations.

The constitution should be signed by five physicians (and as many more as will go into the organization,) having the qualifications required by the third article of the constitution, giving the post office address of each, and then recorded in the Miscellaneous Record book in the Recorder's office of the county. This will constitute a corporate body under the law. County Societies which have been regularly organized can be readily incorporated by complying with the Statute in the above particulars. The certificate of the Recorder to the fact that the law has been complied with should be forwarded to the Secretary of the State Society.

When a sufficient number of local societies shall have been reported, the Secretary will notify them to send delegates to meet and adopt such measures as will incorporate the State Society. It is hoped that this will impart to it the respectability and elements of a more permanent institution, with greater power to promote the laudable objects for which it was organized.

Having been appointed to report the progress of your labors in this very important service, and earnestly desiring that we may be able to make a report that will encourage the hope of ultimate success, permit me to respectfully invite your early and prompt action in the matter. The project is feasible. It is easily attainable. A small outlay of time and means by the individual members of the profession, would be sufficient to create a vast power for professional good to community. The time is short. The third Tuesday of May, being the time of meeting of the State Society.

WILLIAM LOMAX.

Proceedings of Societies.

MICHIGAN STATE BOARD OF HEALTH.

The annual meeting of the State Board of Health was held in Lansing, on Tuesday. All the members of the board were present.

Dr. H. O. Hitchcock delivered his annual address, in which he pointed out the necessity for constituting local boards of health, and their duties. Were all the children in the State after January 1, 1875, perfect specimens of humanity, in the year 1925 Michigan would be the most populous, wealthy, and strongest for defense, the wisest, the happiest, and the noblest State in the Union. She would then be full of the vigorous men and women looking forward to the longevity of the human race with no other causes of death than accidents or old age. Best authorities give the natural age of man at about one hundred years. Our death tables would then be completely reversed, and after the first century had passed, death would be far more numerous of persons from

95 to 100 years old than of persons in the first five years of life. Our insane asylums would then be nearly empty, as well as our alms-houses, reform schools, jails, and prisons. Premeditated crime is rarely perpetrated by those having good habits and sound health. The criminals are the drinkers, smokers, licentious, gluttons,—in a word, the morbid.

There stands in the way of the realization of this desirable condition of affairs numerous facts appertaining to the ancestry of unborn children, to the children themselves, to the families in which they pass their first years, and to the neighborhood, village, city, and State in which their latter years may be passed. Almost every child comes of parents in whose constitution lurks some taint that leaves upon them some degeneracy in body, mind, or morals. Children are often placed in unfavorable and often fatal hygienic conditions through the ignorance and carelessness of parents. The family is not alone chargeable with being the source of unfavorable conditions, although there may be the sharpest vigilance; yet at some seasons of the year within and around the home may be contaminated by poisonous exhalations from overflowing cess-pools, unclean privy vaults, barnyards, stables, and pig-sties of the neighborhood. The children of an otherwise healthy family sicken and die simply because the neighbors persist in befouling the air with the death-bearing odors of putrescents.

But the circle of baneful influences is wider than the neighborhood. In the village and city, the slaughter-houses, fat-rendering, bone-boiling, glue making, and soap-making establishments, when conducted without proper restrictions, become fruitful sources of preventable sickness and avoidable death.

The highest and most legitimate work for the physician is to guide the people in the way of perfect obedience to the laws of hygiene, the prevention of disease, and the promotion of health. The physician should be paid

not so much for his skill to cure as for his watchful care and success in keeping his patrons well. He should be employed by the year as a hygienist.

The President presented a set of rules and regulations for adoption by all local boards of health. These rules were referred to a committee consisting of Dr. Kedzie and Dr. H. B. Baker.

Various subjects were discussed, among which were vaccination and the duties of local boards of health in regard to free vaccination.

Dr. Kedzie reported having drawn up a joint resolution for the compilation and publication of the laws relating to public health, and that the same had become a law.

Dr. H. B. Baker read a communication from the Secretary of the State Board of Health of Minnesota, transmitting a copy of the law lately passed in that State through the efforts of their board, the law being based on the best features of the Michigan law, and embodying the modifications recommended by our state board of health.

Dr. H. F. Lyster read a paper showing the changes induced in the character and prevalence of diseases as the result of drainage, and illustrated his subject by a description of the city of Detroit as it was in its pioneer days, and its present beauty and healthfulness.

Dr. H. O. Hitchcock was unanimously elected president for the ensuing year.

The various committees were reorganized as follows: Sewerage and drainage—Henry F. Lyster, M. D.; Buildings, public and private, including ventilation, heating, etc.—Robert C. Kedzie, M. D.; Climate, general and by season of year, and as related to age of inhabitants—Henry F. Lyster, M. D.; Disposal of excreta and decomposing organic matter—Homer O. Hitchcock, M. D.; Poisons, explosives, chemicals, accidents, and special sources of danger to life and health—Robert C. Kedzie,

M. D.; Occupations and recreations—Rev. Chas. H. Brigham; Education, the relation of schools to health, the kind and methods of instruction in use, and methods to be proposed—Rev. John S. Goodman; Geology and topography; influence of forest trees on health, and their removal, shade-trees near dwellings, etc.—Rev. Charles H. Brigham; The death rate as influenced by age, climate, and social condition—Henry B. Baker, M. D.; Legislation in the interests of public health—H. O. Hitchcock, Baker, and Robert C. Kedzie, M. D.; Finance—Rev. J. S. Goodman.

SECRETARY'S ANNUAL REPORT.

The second annual report of the Secretary of the State Board of Health, for the fiscal year ending September 30, 1874, is just issued, and comprises 254 pages, with a table of contents and a copious index.

The introductory portion consists of a summary of the work of the board during the year; forms of circulars relative to the duties of local boards of health and of instruction to clerks of such boards; names of townships, cities, and villages whose clerks have reported; remarks concerning such reports; table exhibiting the extent to which reports have been received, and the number of cases of certain diseases prevailing within the jurisdiction of 204 local boards of health; remarks concerning the work of these boards; expenditures of the state board during the year; names and post office addresses of the members of the State Board; and the standing committees of the board.

The concluding article in this report is on "the meteorology of central Michigan," by Dr. Kedzie, although not originally designed for publication here. It is illustrated by five beautiful diagrams, intelligible to the general reader, and giving the mean monthly temperature, mean monthly percentage of cloudiness, average number of grains of water in a cubic foot of air, mean monthly percentage of saturation of the air with watery

vapor, and monthly rain-fall in inches. Remarks accompany the tables, concerning the bearings of climatology on agriculture, horticulture, and health. The climate of this peninsula is a dry one, and induces in man and the lower animals a high degree of vivacity, as contrasted with the moist climate of Holland, which encourages a phlegmatic development.



Reviews.

THE MODE OF MAN'S IMMORTALITY.—by Reverend T. A. Goodwin, Indianapolis.

When the pharmacutist compounds certain mixtures where reaction between the different ingredients occur, he often sits them by for awhile, that a sediment may form, he decants the supernatant liquid and can tell by its color, consistency, etc., if all is right, or the chemist in making certain tests, applies his re-agent and then examines it. *Time* is an element here of accuracy and sound judgment. So with the "Mode of Man's Mortality." We have delayed expressing our opinion upon it for several months, so that the thoughts should settle down and calmness of inquiry and a patient hearing be vouchsafed to us. We have not much to say about the fundamental idea that runs through the book, viz., that our immortality shall be the spiritual and not the bodily mode, for we really don't know in "what form we shall appear," nor do we believe that finite sense can reach beyond death's door and comprehend such questions that lie in the hereafter; not by science can we do it—the strong bolts and bars of the gate that shuts us out yields not to any of the powers of scientific inquiry.

No scientist that would seek to be considered by his fellows one remove above an idiot would so assert—not by revelation as given us in the book that we take as authority, can the mystery be made clear, for nowhere within its pages can we find a passage that, rightly interpreted and properly viewed in connection with its context, and compared with other portions of the same authorized record, gives a hint at our personal condition after this tangible matter has lain down in the silent chamber of death—"dust to dust," thus far but no farther can we go. We say this with full understanding that we do believe in the immortal existence of some portions of our being; but how, under what form, spiritual or bodily? As well might we assert our knowledge by means of either science or revelation of what was before our present form of existence—came we direct, a spirit from divinity, infusing life and vitality into the germinal matter? or did the latter, pre-existing, engender by organic forces all that we are? Such questions may do for schoolmen or mythical dreamers; and so at the other end of the chain we find unknown and never to be known ground, until at least this *mortal* shall have put on *immortality*, then we shall "appear like Him." Such is revelation and such the instinctive promptings of our conscious nature, and science teaches not, nor by revelation do we know what He is? only this, attested by the man and God, that he is a *spirit*; let those who will discuss what a spirit is, we shall leave it *sub judice*, except to assert upon the authority of the recorded word, that He, a spirit, is without form or parts. If, then, man in the hereafter shall be like Him, and He a spirit without form or parts, or whose body is a "*spiritual*" one, we have arrived at the *ultima thule*, no further differentiation can take place. We simply know that language has sought to reach beyond the boundaries of knowledge. So much for the fundamental idea.

It is not this, however, that is made the chief point of controversy between the author and those who oppose this book. It is the assertion that Jesus in his *resurrection* left not his material garment behind him, thus conforming to the general law, but re clothed himself therewith and still retains the same in "the mysterious realms beyond," that there is matter in heaven, that divinity before without form or part, has now both. Such an assertion, since it takes cognizance of matter in its substance better than it does of spirit in its laws, is utterly rejected by the scientist; from his stand point, he *cannot* believe it. Its credence must rest entirely upon revelation. To show that, viewed simply in the light of science such conditions are impossible, the author has some thoughts which we shortly quote :

"Physiologists agree that the phenomenon called digestion, begins immediately upon the entrance of the food into the mouth of a man.

"If it is proper to call flesh or bone a part of the body, it is proper to so call the blood. If the blood is a part of the body, so is the chyle; if the chyle is, so is chyme; if chyme is, so also, is the imperfectly digested food just swallowed.

"A body maybe effete in death, yet it is a body, hence the body of one man may become a part of the body of another man, and often does, and the objection which such a fact constitutes against a future resurrection of fleshy bodies, is well taken, and is entitled to all the force such fact can give."

This is without doubt true, and the Reverend gentleman has studied his physiology well, except that which is in the alimentary canal is as much *out* of the body, as if it were forty feet distant. But has he forgotten that he admitted "all things are possible with Divinity," for—

"That spirit has power to assume physical properties, for a purpose."

Again he says :—

"To suppose that the essential personality of the Savior went at once to paradise, and that the angel had at

the same time taken charge of the material remains of the Savior, and suitably disposed of them, as the body of Elijah and that of Moses had been, is to make it (the narrative) consistent with itself, and with known laws of matter and of spirit."

If this be admitted, what is the use of cavil. "God wills it," 'tis enough and as Revelations tell us not of what the "spiritual body" is composed or how formed, may it not be (viewed according to the author's admissions) spiritualized matter? The work is upon a subject of legitimate inquiries or at least speculations, but we leave it with the omniscient.

CEREBRO-SPINAL MENINGITIS.—Report to the State Board of Health upon an Epidemic in Monroe and Lenawee Counties, Michigan; and a study of some other facts relative to the cause of the Disease. By Henry B. Baker, M. D., Secretary of the Board, and member of Committee on Epidemic, Endemic, and Contagious Diseases. Reprinted from annual report, September 30, 1874.

This is the result of a formal inspection of localities where this disease occurred, with a lengthy and careful consideration of the various supposed causes, among those are the deficiency of ozone, which the Doctor ignores. What effect has the supply of milk from cows fed on fungi? Local atmosphere causes cold, and change in temperature, and the effect of ergot as found in flowers, etc. The effect of ergot is compared with the manifestations of this disease.

The Doctor summarizes as follows:

"To summarize and state in general terms the conclusions reached,—it is extremely probable, but not yet proved, that any substance or agency which causes unusual contraction of the non-striated muscular tissue throughout the body is capable of being a prominent cause, and any substance, agent, bodily position, condition, sensation, or emotion, which tends to produce general muscular tension, or otherwise to force unduly the blood into the blood-vessels of the brain and spinal cord, is capable of contributing to the production of this disease."

While much valuable information is contained in this work, and great energy evinced by Dr. Baker, in searching for the cause of this most mysterious trouble, we have with sorrow to admit that the cause is we think yet hidden, while its treatment is in about the same condition. Chance will often guide the stray boat, while science fails on its mission.

A SERIES OF AMERICAN CLINICAL LECTURES,—Edited by E. C. Seguin, M. D., Vol. 1, No. II. Acute rheumatism in infancy and childhood, by A. Jacobi, M. D. G. P. Putnam & Son, 4th Avenue and 23d Street, N. Y.

This is the second lecture of the series that we noticed in our last number, as being in contemplation. The first number by Lewis A. Sayer, M. D., on "Diseases of the Hip Joint," we regret to say has not reached us as yet. If this enterprise is continued it will not only be valuable to the profession, but we trust remunerative to those financially interested.

VALEDICTORY ADDRESS TO THE MEDICAL GRADUATES OF THE UNIVERSITY OF LOUISVILLE, MARCH 1st, 1875.
—By David W. Yandell, M. D., Louisville, Ky.

The subject of this address is "cremation." A general history with noted examples and the expression of opinion in favor of this mode are given; death and the dead should receive more of the physician's thoughts than they do at present.

NINETY-SECOND ANNUAL CATALOGUE of the Medical School (Boston) of the Harvard University 1874-5.

The changes in this school to a course of three years, with a graduated scale of instruction seems to have worked well, notwithstanding that it costs from 600 to 800 dollars for each student. The number of students this year is 192.

VICKS FLORAL GUIDE,—“A trip to the Pacific.

HOW DO SPERMATOZOA ENTER THE UTERUS?—By Joseph R. Beck, M. D., Fort Wayne, Ind. Reprinted from the American Journal of Obstetrics for November, 1874.

We had always supposed that they crawl in, but Dr. Beck has fully demonstrated in the clearest manner, that they, like a great many unfortunates, are “sucked in.”

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA,—April 1875, Washington, D. C.

This is we believe a quarterly, containing the papers and discussions thereon by various members of the Society. It is a handy form in which to present such to the public.

VIRGINIA MEDICAL MONTHLY,—Landon B. Edwards, M. D., Editor and Proprietor.

This a monthly of 76 pages, very well filled, price \$3.00.

PHOSPHORUS—its claims as a therapeutic agent, by Wm Mason Turner, B. Ph., M. D., Philadelphia.

A laudation of a most useful remedy in which the writer gives preference to the form of pills as made by Wm. R. Wagner & Co., Philadelphia.

THE BROOKLIN JOURNAL OF EDUCATION,—Devoted to Educational interests, Science, Literature and Art, Vol. 1, No. 1, March 1875.

A work of fifty-eight pages, good paper and filled with that interesting to those who delight in educational matters.

PHYSIO-MEDICAL RECORDER,—Journal of Health and Sanative Medicine. Edited and Published by Wm. H. Cook, 303 Bruce Street, Cincinnati Ohio. No. 1, Vol. XXXIX.

This is a Journal of 54 pages, good appearance; price \$2.00.

Editorial.

THE NEED OF A MEDICAL SOCIETY IN
INDIANAPOLIS.

Some time in the spring of 1874, we matured a plan for a Medical Society, that would embrace the counties of Marion, Hancock, Johnson, Hamilton and Hendricks, the main features of which were, that it should be incorporated, that an executive and judicial board, called Trustees, should be formed so that about three members should be taken from Marion and one from each of the other counties. All business of whatever kind, should be referred to such board of Trustees. A board of Censors of three to five should guard the doors of the society, so that none but the worthy should enter; in this way, the society proper, with its Chairman and Secretary, could attend at stated meetings to society work, the preparing and discussing papers, cases as presented, etc., without being annoyed by miscellaneous matter. In addition to the duties of the Trustees as mentioned, they should act as custodians of any property of the Society. They should found a library, museum, etc., and take sole charge thereof, the money for which purposes should be raised by sale of stock, or by a certain tax levied. To keep said society intact, the inducement were in addition to interest taken in the legitimate transactions, that no one could go out of the society and take any funds which he at any time had given to the board. His share in any property should remain for the use of the society, and under control of the Trustees. Such is human nature, and no one will be so blind as not to see the absolute bearing of this connecting bond. None would retire without the best of reasons, and if they did, no harm would come to the Society. Contention would cease, and all the profession would be united *in interest*, and if so united, good feeling would as per consequence follow, for physicians while they are very quarrelsome if their

interests clashes, yet are *very* companionable if their interests are similar. Various reasons prevented the profession from acting on this plan at that time, but it is needed now as much as then, and we believe is more practicable than formerly. If only the profession would inaugurate such action, all would be well. We call upon those gentlemen who are not at sword points, and especially those in the counties surrounding Marion to take some action in this direction. Soon the State Society will be a purely delegate body; none can belong to such, or to the American Medical Association unless they come from a duly incorporated medical society. Although we have a gleamer of such in the Academy of Medicine, Oh where is it? It amounts to nothing as an organization, and is but a caricature and disgrace. Who will step to the front? Is Indianapolis the centre of the State, medically, as she is in every other respect? Boasting of two medical schools, etc., is she to remain in the rear among the wounded and dying? to loiter like a cripple or skulk like a coward? If the institutions are worth anything, they should spur us to earnest emulation. They rather tend to humiliate the profession. If the profession in this city will not act without, let the various medical societies throughout the State demand, that in trying to build up different factions, the good of the profession at large shall not be interfered with in this city.

We understand that a movement is on foot which will be consummated we presume, before this is read, to form a county medical society. Let no one be deceived. It is by one of the factions, and is but to continue a fight that has existed too long already. Neither the Indiana Medical College, who has issued cards calling for a meeting for this purpose, nor yet the College of Physicians and Surgeons, should commence again to agitate a subject that can only bring disaster. Let the profession *outside* the colleges work, and let such refuse to join any such scheme as the one last mentioned.

THE Cincinnati Medical Advocate, we believe, complains that in our notice of a certain production on "Ophthalmology," we denounced it as a "rehash," etc., merely because it did not emanate from a regular. We presume that the language imputed was used, but deny that it was for the reason given. We do not think when the short notice was written that the fact of its being from an "irregular" was known to us, at any rate it would make no difference. He who is not bold enough to criticise the friend ought not to handle those who are not his associates.

WE call attention to the card of Dr. Lomax, published in this number, referring to the organization of county and district societies. It is very important that each society should perfect its form of existence, for there are enough reported to enable the state society to organize upon the basis of a delegate body, and none but delegates from societies *constituted in the manner* described in the circular, can become members of the State organization.

Miscellaneous.

WAS PROF. MORSE MISTAKEN?—In your issue of February 2d, you report Prof. Morse as saying "that no evolutionist ever taught that man has descended from the monkey." Mr. Darwin is an evolutionist. No one has written more ably than he in favor of evolution. He is a distinguished evolutionist. I give a few extracts from his "Descent of Man," so that your readers may see how far Prof. Morse is from the truth. I quote from Appleton's edition of 1871, vol. 1. On page 188 and 189 he says:

“There can consequently hardly be a doubt that man is an offshoot from the old-world simian stem; and that under a genealogical point of view he must be classed with the catarhine division of the simian stem.” On page 189 he says: “We may infer that some ancient member of the anthropomorphous sub-group (of apes) gave birth to man.” On page 191 we find the following: “And as man under a genealogical point of view belongs to the catarhine or old-world stock, we must conclude, however much the conclusion may revolt our pride, that our early progenitors would have been properly thus designated,” namely as apes or monkeys.

Pages 204 and 205 give us the following instructive sentences: “The simiadæ then branched off into two great stems, the new-world and the old-world monkeys, and from the latter, at a remote period, man, the wonder and glory of the universe, proceeded. Thus we have given to man a pedigree of prodigious length, but not it may be said, of noble quality.” “Unless we wilfully close our eyes we may, with our present knowledge, approximately recognize our present parentage; nor need we feel ashamed of it.” (sic!) And here is the portrait on page 198: “The early progenitors of man were no doubt once covered with hair, both sexes having beards; their ears were pointed and capable of movement; and their bodies were provided with a tail, having the proper muscles. * * * The foot * * * was then prehensile; and our progenitors no doubt were arboreal in their habits. * * * The males were provided with great canine teeth.”

Pages 187 to 205 are full of repetitions and re-statements of the ideas expressed in the above extracts, and they frequently appear in other portions of the two volumes of the work. Will some one reconcile the statement of Prof. Morse with Mr. Darwin or with truth?—*Lansing Republican.*

CHLORAL IN OBSTETRICAL PRACTICE.—In the *Gazetta Medica Italiana-Lombardia*, quoted in the London *Medical Times and Gazette*, Dr. Chiarleoni narrates the results of the employment of chloral in the Obstetrical Clinic of St. Catherine Hospital, Milan. He divides the patients to whom it was administered into four groups. The first of these consisted of pusillanimous, indocile, irritable, and nervous women, in whom the course of labor easily becomes interrupted or suspended. By administering to these subjects a substance which, while it leaves the uterine irritability intact, procures sleep, tranquility, and diminution of pain, great benefit results.

A second group of cases formed of women the subjects of albuminuria, verified either during pregnancy, or shortly before labor. In these chloral was indicated, not only on account of the reasons prevailing in the other group, but also in relation to the prevention of convulsive action. In the third group chloral was given in five cases in order to render operations that were necessary more easy and less painful. The fourth and most numerous group was composed of women to whom chloral was given soon after the termination of labor, the patients having been the subjects of operation or suffering exhaustion from prolonged or painful operations.

Administering during labor, chloral did not prevent its progress, nor did it act prejudicially on the fœtus. The formula generally adopted, and always freshly prepared, was,

R	Chloral,	grammes	vj
	Syrup,	“	lx
	Water,	“	c.

Sig.—A spoonful to be taken every ten minutes until the effect was produced.

SUCCESSFUL OVARIOTOMY OPERATION PERFORMED UNDER NUMEROUS DIFFICULTIES.—Dr. S. G. Stevens, traveling in Central America, without any expectations of being

called on to perform surgical operations, had with him only an ordinary pocket-case; he was requested to remove an ovarian tumor. He made a trocar from a piece of bamboo, to which he attached an elastic tube, and went in search of assistance. With difficulty he obtained the services of a Catholic minister, two Indians, and a tradesman; but, at the moment of commencing the operation, he found that he had no chloroform. Chloroform was not as easily made as a bamboo trocar. Dr. Stevens then left with his four assistants, accompanied by the patient, to search for the precious anæsthetic. It required a journey of five days in order to find it. He then at once began to get ready for the operation. He commenced himself to give the patient chloroform, and afterwards confided its administration to the missionary. The latter, owing to his desire to see the operation, performed his allotted duty imperfectly, and Dr. S. proceeded with the operation, emptied and removed the tumor, which was an enormous poly-cyst. He tied tightly the pedicle with a thread of hair, and left it in the abdominal cavity; afterwards he cleaned the latter with wadding and closed the wound with iron wire. The patient rapidly recovered.—*La Tribune Médicale*.

INFLUENCE OF ANESTHETICS UPON THE SEXUAL IMPRESSIONS OF FEMALES.—A physician, called as an expert before a United States tribunal, made the following declaration: "A woman under the influence of anesthesia is more liable to conception than when sexual intercourse has happened by force, and I concur in the opinion of Dr. Beck, expressed in his treatise on medical jurisprudence, that women may conceive during anesthesia. The relaxation it produces facilitates conception."

This point seems to me established; but I desire to add an observation which I have made in my practice, and one that deeply concerns physicians to know. It is

well known to-day that occasionally, under the influence of ether or chloroform, an excitation of the sexual organs is produced, and a feeling is excited in the mind by this sensation which may make a woman believe that she has been subjected to violence.

The first case of this nature which I witnessed myself occurred during a delivery. The woman, placed under chloroform, experienced sexual sensations so vivid that she accused me of having violated her, and called on her husband for protection. But he had been with her all the time as well as a dozen women who had never quitted the chamber. In a second case I was administering chloroform to a woman to have a tooth extracted, but the physiognomy of the patient showed an expression of venereal excitement so pronounced that I hastened to call in her parents. On awakening she seemed astonished to see herself surrounded by her family, and clearly exhibited what her impressions had been.

On another occasion a lady of a certain age entered my office in a state of high excitement, and related that she had gone to her surgeon to have a trivial operation performed, to relieve the pain of which she had taken chloroform, and the surgeon had abused her while under its influence. I was persuaded that she had deceived herself, and, on examining all the circumstances clearly proved to her that she had been subject to a delusion.

The moral is that physicians should never administer ether or chloroform except in the presence of witnesses.—*Revue Medicale*, Aug. 18, 1874.

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PRACTICAL OBSERVATIONS IN OPHTHAL-
MOLOGY.

BY J. O. STILSON, A. B., M. D., LATE ASSISTANT TO DR. E. WIL-
LIAMS, CINCINNATI.

Read before the Mitchell District Medical Society, June 19, 1874.

In preparing this article at the request of some of the members of this association, I have thought best to speak of some general and most useful principles, connected with several different affections of the eye, rather than to attempt an extended discourse on any one subject.

We want facts, and the profession at large generally admit that too little attention is shown to the study and treatment of those diseases which have called forth and established different specialties in medicine. As it is true that no one can become a specialist without having first a general knowledge of medicine, so also has experience shown that the general practitioner is often forced into many cases which, were his own feelings and desires con-

sulted, he would decline to touch. This practical disadvantage, which is more keenly felt among physicians who have charge of practice in the country, renders necessary the diffusion of a general knowledge; especially of acute cases, where time is an important element in the treatment. Among the most important diseases, and one in which a few days' neglect may, and often does, prove fatal is

OPHTHALMIA NEONATORUM.

Ophthalmia of young infants is called by some writers congenital ophthalmia. If we use the word congenital in the sense of hereditary constitutional infection, as in the case of congenital syphilis, the term is incorrect; for the fœtus in utero is free from any infection or contamination from the virus which causes the disease. It is only in the passing of the head through the vagina at parturition, that the eyes come in contact with the secretions there, or receive some of the pus cells accidentally from the hands of the accoucheur.

Ophthalmia neonatorum is a purulent conjunctivitis, contagious in character, and due in every case to inoculation, either by gonorrhœal or leucorrhœal pus cells, or by the secretion being conveyed to the eyes of the infant from the eyes of another person suffering from purulent conjunctivitis. In the latter months of pregnancy leucorrhœa is not an infrequent affection, hence it is necessary for the physician in charge, when informed in sufficient time, to stop the discharge before labor approaches. After labor is over it is the duty of the physician, in every case, whether there is cause for suspicion or not, to superintend the washing of the child's face and head, taking particular pains to see that the commissures and edges of the lids are perfectly clean and dry. A physician who will pass a child over into the hands of a nurse with the careless and merely formal direction to wash it, does but half his duty, and deserves to be censured for neglect, and ought to have the credit of putting out the

child's eyes in case they are lost by purulent infection. The laity are ignorant of the danger, and often say "Oh, it is only a little case of sore eyes which will soon get well," and they immediately resort to a wash of cold tea, or a solution of lead, or of "chamber ley," little knowing the risks they run. The profession are also wonderfully careless; perhaps on account of not meeting such cases often in private practice, where nurses are careful and mothers are clean. But let any one visit our blind asylums, or foundling hospitals, and he will be amazed at the number of poor children who have been so unfortunate as to be "born with sore eyes," or who have lost their sight a few days or weeks after birth, all because the doctor was too ignorant or too careless to take the precaution to check a discharge before it led to such fatal results. Hence it is not too much to say that a physician is *blameable* if he does not see to it that the child's eyes are thoroughly cleansed.

One common feature, and the most essential point to bear in mind in the treatment of all acute diseases of mucus membranes, is their infectious character. A pus cell, transmitted from the urethra or vagina to the conjunctiva will rapidly multiply, and give rise to the characteristic blenorrhæ. Both eyes are rarely affected at once, the disease in most cases finding its way by transmission from one to the other, through inattention of the nurse; so that when the disease has partly run its course in one eye, the other will be invaded. Sometimes in hospitals for young children, where the atmosphere becomes impure, and where purulent conjunctivitis exist, especially where the patients are crowded, both eyes are alike exposed and may be affected at once. It is thought by some that the virus may be transmitted through the atmosphere by floating germs and dried pus cells, which propagate as soon as they find a suitable habitat; others dispute the theory of atmospheric influences, and contend that the other means of conveyance

are sufficiently numerous to account for the rapid spread of infection.

Ophthalmia neonatorum generally makes its appearance in from four to seven days after birth, and frequently within two or three days, beginning with swelling and redness of the lids, attended by a slight discharge, which is at first thin, resembling mucus, but gradually becomes more and more purulent in character as the extent to which the conjunctiva is involved increases. The retrotarsal folds, that part of the conjunctiva which is reflected from the lids upon the globe, becomes hypertrophied and edematous, so that during the purulent stage the lids are everted, these folds will be turned out and appear almost like spongy tumors beneath the lids. At the same time the ocular conjunctiva becomes greatly swollen and will present a ring-like elevation around the cornea, the latter appearing to be depressed instead of presenting its natural projection and prominence upon the globe. On account of chemosis and the accumulation of pus beneath the lids the latter seem very much enlarged as though they were edematous; the upper lid generally projects over and almost completely covers the lower and the pus escapes at the fissure in great profusion, flowing down over the cheek and producing sometimes very severe excoriations.

The greatest danger to fear is the liability of the cornea to become involved. Destructive ulceration often sets in, followed by loss of substance, perforation, evacuation of the anterior chamber, and prolapse of the iris, giving rise to a permanent hernia, or anterior synechia. Or, in the event of the ulcerative process running its course without a perforation, an opacity will be left corresponding in size to the extent of the ulcer, thereby in many cases impairing the usefulness of the eye as an organ of vision.

With regard to treatment, there are a few practical

observations that never should be lost sight of. In the first case, when a case is brought for treatment, a thorough examination should be made. It seems hardly necessary to refer to this point, yet when we see how difficult it is to make a complete examination, and how few physicians ever take the care to do so, the caution will not be without grounds. In the swollen condition of the lids it is almost impossible to see the cornea; then again there is great difficulty in everting the lids, consequently the majority of physicians make a hasty and careless diagnosis, and either give a false prognosis or none at all. Let me not be considered hypercritical if I refer to little things in a careful manner, for they are not to be ignored. The best method of examination is as follows: The surgeon should sit with his back towards the door or window, so that a good light may shine over his shoulder. The nurse holding the child in her lap, should lay its head between the knees of the surgeon in such a manner that each knee may make a slight pressure on the side of the head, thereby holding it firmly still. The thumb of his left hand should now be placed upon the lower lid, and the index finger of the right hand should be placed upon the upper, and the lids separated so as to get a complete and satisfactory view of the cornea. In nearly every case, at the fourth or fifth day, a small ulcer will be seen upon the cornea, and the scleral ring will be found very much injected; and upon these two points depends not only the prognosis of the case but the complete course of treatment. If the cornea is perfectly sound, the ordinary astringents, such as alum, lead, hydrastin, or tannin, may be used; but if there is the least appearance of an ulcer all preparations of lead should be avoided and by no means put into the eye, for whenever there is an ulcer or abrasion of the cornea, solutions of lead will leave a lead precipitate which will disfigure the appearance of the cornea, as well as interfere with vision. Upon the whole, I think

it best never to use lead in cases of this kind. One of the best remedies, is a solution of the nitrate of silver, gr. xx or xi to the ounce of water, not dropped into the eye, but applied to the everted lid, and immediately washed off with a copious stream of water thrown from a syringe. Three or four applications of this kind used once a day, will so change the character of the secretion that it will dry up, and cease altogether in the course of a week or ten days. In conjunction with the treatment of the lids a solution of atropine, gr. ii or iv to aquæ. ʒi should be dropped into the eye, once a day, in order to keep the pupil widely dilated, thereby preventing prolapse of the iris in the event of a perforation. No part of the treatment should be entrusted to the nurse, except cleansing the eye with water and a soft rag. This should be done every hour, lest some of the pus cells find their way into the healthy eye or the eye of another person. As soon as the discharge loses its purulent character, and begins to dry up, the child will be able to open its eyes and the extreme intolerance of light will cease. The treatment should then be changed to mild astringents, and these continued for some days after the swelling, redness, and secretion have ceased. If the above course of treatment be followed out from the first appearance of the disease, there is hardly any danger of loosing a case of this kind.

WOUNDS AND FOREIGN BODIES IN THE EYE.

The situation which the eye occupies as a member of the body, its archlike canopy formed the orbital plate, its soft cushion of fatty tissue which envelopes it and separates it from the bony walls which surround it, is such as to protect it from injury, as well as to allow a very wide field of vision. The hair-breadth escapes which the globe sometimes meets, and the imminent danger which it sometimes passes uninjured, has always been a source of wonder and admiration.

Yet blows, flying missiles and insects sometimes meet

the globe and do great injury to it. Incised wounds upon the lids are like all other incised wounds and need not here be noticed, except that whenever the treatment of such wounds require stitching it is preferable to use a very fine needle, armed with fine silk, and to take at least three times the number of stitches which would be required in a wound of the same extent on any other part of the body. A large needle with a coarse thread always leaves a scar, and at the same time gives a less chance of speedy union by first intention. Contused wounds upon the lids and around the orbit, when the globe is not injured, rarely do much harm further than to produce extensive ecchymosis and swelling which usually lasts for some days. One of the best applications for the relief of the pain, and prevention of the "black eye" is equal parts Tr. Arnica and Tr. Lobelia applied as a dressing upon soft rags kept constantly moist.

Contused wounds upon the globe, when not sufficient to burst it, may be followed by hemorrhage into the anterior chamber, from the iris or ciliary body, or they may produce rupture of the capsule of the lens, and the lens may thereby become dislocated. A couple of cases may serve to illustrate. A patient some six years ago, came to Dr. Williams, of Cincinnati, to be treated, having received a blow upon the eye. The lens was dislocated, and could be observed to move behind the pupil. Anodynes were ordered, and the patient being a restless fool, went away and was heard of no more for six years, when he returned with a painful and troublesome eye. The lens was now partially opaque, and quite movable behind the iris. The other structures, however, were not involved. A solution of atropine was dropped into the eye, and upon the pupil being widely dilated the lens slipped into the anterior chamber and the pupil then closed. He was advised to submit to an operation for the removal of the lens, but again refused and left, but returned in about a week. Violent iritis had now set in

and he was anxious for an operation. Dr. Ayers removed the lens but the eye was afterwards lost. One of two things could have been done and the eye saved. The lens could have been extracted, or removed by solution. The former operation would have been the most preferable, because of the danger of iritis following any attempt to break up the cataract and leave it the globe. Another case was that of a boy aged fourteen, who was struck in the eye by a top which his playmate threw upon the pavement while spinning it. The steel point of the top flew past the eye and touched the globe between the cornea and inner canthus; fortunately the sclerotic was not perforated. The concussion was so great that an ecchymotic spot appeared beneath the conjuction on the opposite side of the globe. When first seen the anterior chamber was about half full of blood, which probably came from the ciliary region. In ten hours afterwards the whole chamber was full of blood. The iris and pupil could not be seen, vision equal zero. The eye was bound up, the patient placed in a dark room, and a solution of atropine, gr. iv $\overline{3}$ i, dropped into the eye every three hours. Very little pain followed, and in two days the blood began to be absorbed. In one week the pupil could be seen, and in two weeks all traces of injury were gone. The atropine was then discontinued and the pupil allowed to contract to its natural size. The vision was then good, and remained so. In cases of this kind the chief object to be sought is to keep down inflammation, especially of the iris and ciliary body. The blood will absorb readily, and by keeping the eye from light, rest will be obtained till nature repairs the damage.

Foreign bodies in the eye are sources of danger in proportion to their size and the place they occupy. They frequently, when small, will be found lying beneath the upper lid, and may be lifted off with the tip of a handkerchief. Oftentimes, they become concealed

above and behind the folds of the upper lid and escape the most careful search. A boy presented himself with a troublesome eye, saying that six months before he had hurt it some way in harvesting. His family physician had often turned the upper lid, but could not find any foreign body. Dr. Ayers turned the upper lid, and with a silver probe lifted the upper edge of the tarsus away from the globe so as to see well behind the folds, and just behind the equator of the globe he found firmly sticking to the conjunctiva a large wheat beard. Upon the removal of the offending body, the inflammation ceased and the eye got well. Another boy was out skating on a pond; he went home to his doctor to get something out of his eye, but upon everting the upper lid, nothing could be found. In about six hours he began to lose the power of near vision in the eye and became alarmed. Dr. W. noticed that the pupil was largely dilated, and asked if any atropine had been used in the eye. The boy stated that no medicine whatever had been used. Upon everting the lid and turning out the retrotarsal folds, a large stramonium seed was found. The secretions of the eye had softened it, and the peculiar mydriatic effect of the drug was apparent upon the dilation of the pupil. The boy said that there was an abundance of old "Jamestown weeds" standing by the pond.

Small pieces of steel, dust and cinders often lodge upon the cornea and are not easily detached. If they penetrated the substance of the cornea, they are best removed by a small sharp pointed spud or knife. It is not advisable to use forceps, for fear of pushing the object through the cornea into the anterior chamber. When a piece of steel or stone is thrown into the eye, and lodges upon the iris, it is best to make an iridectomy so as to secure the foreign body and at the same time remove the bruised portion of the iris in order that iritis be not set up. Foreign bodies in the lens, if small, will

produce opacity of the lens, or let in enough aqueous to absorb the lens entirely, leaving an opaque bunch of capsule surrounding the body. When a body has entered the eye, and the surgeon is called on for treatment, he should attempt by a thorough examination to locate the body, and if found in the cornea, or upon the iris, it may be removed as described; but if it has penetrated the lens beyond reach a solution of atropine should be used, and they kept at rest for a few days to see whether the lens will absorb with the eye suppurating. If, however, the eye has been bursted and evacuated, search should be made till the body is found, and if in the vitreous, it should be removed lest sympathetic inflammation set up in the other eye and it be lost also. Where the eye is very much lacerated, the patient should be put under the influence of chloroform and the globe enucleated. Foreign bodies, when left in a worthless eye, are always sources of extreme annoyance, and every day they are allowed to remain they endanger the sound eye. Oftentimes sympathetic inflammation sets up and both eyes are lost before the offending one can be removed. Sometimes a worthless globe may be carried for years without serious injury to the other eye, but the risks are great, and it is always best to enucleate if there is no sight in the injured eye and if there is any regular occurring or constant pain. The following notes upon a case will serve to show how a worthless globe may be a source of trouble. O. W. G. at twenty-four while out bird shooting received a charge of shot in his face. One shot passed through the globe. The chamber filled with blood, and the eye-sight was immediately lost. Some of the vitreous escaped, and the iris prolapsed at the opening made by the entry of the shot. When he applied for treatment the other eye was giving him trouble through sympathy. Vision, $\frac{1}{30}$; could read only a few minutes at a time; had glimmering and indistinct vision, which was rapidly increasing. The offending

eye was enucleated, and the next day the symptoms in the other eye were much better; vision, $\frac{1}{2}\frac{5}{0}$. Upon dissecting the globe, the retina and choroid were both found detached, and the vitreous liquefied. A small opening was found through the sclerotic at the fundus where the shot had passed through and buried itself in the orbit; but the shot itself was not found. When he was discharged his vision in the remaining eye was equal to $\frac{3}{8}\frac{0}{0}$ or 1, and the stump left after enucleation gave him no trouble.

Another case: J. S., while breaking stone was struck in the eye by a small piece which flew up from beneath the hammer. The globe was burst, and the aqueous and vitreous evacuated. His physician was called, but on account of the extreme pain attending any attempt to examine the eye, he applied a solution of morphiae, and did not search for any body, knowing of course that the eye was lost. The globe continued painful and discharged some pus for thirteen months; until he was nearly exhausted by loss of sleep and physical debility. The good eye had oftentimes been very painful. When he applied the wounded eye had atrophied to one-half size, and a small opening was seen about the center of what had been the cornea. Through this fissure a small amount of pus made its exit. Dr. Williams diagnosed a foreign body, and proposed enucleation, which was soon done. Upon opening the globe after its removal, a piece of limestone was found which measured five-eighths of an inch long, three-eighths of an inch wide, and three-sixteenths of an inch thick, and weighed thirteen grains. How easy it would have been to have given him chloroform and made search with a probe till the body was found, and then have removed the body alone or the whole globe! It seems very strange how people will sometimes cling to an old, worthless stump of an eye, which like a worthless tooth serves no purpose.

Where an eye has been injured by a foreign body, and opacity of the lense follows, the operation for the removal of the cataract will depend on circumstances. If the patient has one good eye, and the cataractous eye gives no pain or trouble, we should not make any surgical interference. Because the vision of an eye after cataract operation rarely exceeds one-half, hence if the lens is removed merely for cosmetic effect, or for the sake of vision, the patient will be dissatisfied even if the result is the very best attainable. If, however, the other eye is lost and we have a chance to remove a traumatic cataract with the hope of liberating our patient from blindness, then the operation is justifiable, since there is everything to make and nothing to lose.

Hence we should advise a patient with one cataractous eye, and one good eye, to let it rest, and charge him to watch closely and upon the least pain arising in future to have the eye removed.

MORAL INSANITY.

BY REV. G. L. CURTISS, INDIANAPOLIS.

"We are not ourselves when nature, being oppressed,
Commands the mind to suffer with the body."

SHAKSPEARE.

Deut. 28: 28.—"The Lord shall smite thee with madness." Distraction—a form of insanity.

Mental unsoundness has been observed from the early ages of the world. Sacred and profane history alike present cases of marked mental aberration, together with some of the peculiar phenomena observed in such instances. Saul was subject to periods of mental dejection, or "paroxysms of melancholia." Nebuchadnezzar "seems to have suffered from a form of lycanthropy,"

or wolf insanity. There was also simulated insanity, for "David feigned madness when he visited Achish the first time." Some of our Savior's most glorious miracles were performed upon persons who were lunatics.

"Insanity is, to a very great degree, a disease of high civilization." Among the untutored sons of Africa, the savage tribes of North and South America, and the cannibals of the South Sea Islands, insanity is rarely found. And well may this be, since the brain is seldom taxed with severe mental effort in developing the arts and sciences, or financiering so as to keep soul and body from a violent divorce. Dr. Livingstone found but two instances of insanity among the tribes of Africa visited by himself, and yet "one of the Backwins, who was to accompany him to Europe, became insane from the throng of new ideas which oppressed him, and committed suicide on board ship."

To determine the character of moral insanity, and its legal and moral aspects, we must briefly inquire as to insanity in general.

It is difficult to give a logical definition of insanity. It is "an unsound or diseased condition of the mind," in which a false conception or judgment, a defective power of the will, or an uncontrollable violence of the emotions and instincts, have separately or conjointly been produced by disease." Insanity is now regarded as a disease, and not as in former times "as resulting from a direct exercise of divine power," working over and above the natural laws of health and disease. At the threshold of our investigations we are not now met with the obstruction of superstition and mysticism, that to attempt to penetrate is esteemed presumptuous, hazardous and profane. Like all other diseases, it must be studied carefully, patiently, and with a purpose to benefit humanity.

Within the past half score of years there has been an unwonted activity in careful dissections of the brain of

deceased insane people, and a boldness in the search of morbid anatomy that was never before presumed. The texture of the brain, the color, density, firmness, effects of known disease, the broken-down condition of certain marked cases of insanity, the characters of individual lobes, and especially the destructability of the base of the brain have been largely and carefully noted. Yet the best students have not come to such ripe conclusions from the data obtained, that they may be laid down as the foundation or principles of a new science. It will require a score or more of years of careful study, and industrious research in hospitals, courts and dissecting rooms to understand the pathological characteristics of mental disease. Since insanity is a mental as well as physical disease, it must also be studied by the mental philosopher. If investigations cease at this point, the conclusions will be more or less erroneous. Since there is also a moral quality attached to moral aberration, coloring the person's acts to all eternity, the moral philosopher must give it the most searching and logical examinations, as in the light of revelation. Can it be possible, that on so all-absorbing a topic, there is no mention of it in God's word?

This is a theme of more than ordinary interest.

Moral insanity was not spoken of until recently, and hence it is not as clearly defined as some other characters of derangement. It is, however, understood to be an "alienation or perversion of the moral faculties dependent upon physical causes, and unaccompanied by any marked perversion of intellect." The brain, admitted to be the seat or organ of the mind, may become so affected by disease as to impair or entirely destroy the intellectual faculties. It is also held—though of this there is some question—that the brain is the seat of "moral affections," and it may become diseased in a manner to impair or totally destroy all moral faculties

or moral perceptions. When this occurs one is said to be morally insane.

Here is where we think a gross error has crept into the investigations into insanity, which render a part of the conclusions absolutely false. The heart, or the inbred and inborn moral sense, as an element of restraint or prompting to all moral and a part of mental states is ignored. Mental philosophers have claimed for themselves the exclusive domain of mind, and have pertinaciously held that all mental and moral states are under the control of the intellect. At the same time, the legal profession and the medical schools have vied with each other in ignoring all the good sense and sure indications of a divine revelation regarding this subject.

The line of distinction between moral insanity and depravity of heart is not so easy to find. What links moral insanity and depravity of heart so closely? Yes; they are so closely associated as to require sometimes more than human power to determine where depravity ends and moral insanity commences. We fear in many cases poor insanity has been made the pack-horse of depravity in human courts. Be assured at God's court no such mistakes are made. The question arises with more than ordinary pertinacity and irresistible force, "Is there moral insanity?" If so, is there any responsibility connected with it; "or is much that is called moral insanity but a sham, a base counterfeit?"

Suppose a case from real life. A man naturally kind, affectionate and provident falls into bad habits and becomes harsh, angry, improvident, and tyrannical, and seized by some unseen impulse or fancied affront commits a crime, say homicide. Was that man mentally insane, or morally insane and irresponsible, or was his act but an unrestrained outburst of an unbridled depravity of a nature perverted by sin? Here is a man surrounded by all the heart could wish to make him happy, but he commences a course of intemperate drinking and

debauchery, until his life culminated in the commission of crime. On trial it is plead that he was morally insane; and as a proof, show that he had an appetite craving alcoholic stimulants so strong that it would "sacrifice every consideration of health, self-interest and morality for its gratification." Which name, in all candor, is the true one to be applied here—moral insanity, or total depravity? Keep the thought before you, as we proceed, that the line of demarkation between irresponsible moral insanity and responsible depravity is very difficult of determination.

Regarding instantaneous insanity, the Supreme Court has spoken in the appeal of Stevens from the Vigo Circuit Court. Says Justice Gregory (31 Ind., p. 486): "It is undoubtedly the law, as charged by the court below, that if the defendant was moved to the act by an insane impulse controlling his will and his judgment, then he was not guilty of the crime charged. And if the defendant was a monomaniac upon any subject, it was wholly immaterial upon what subject, so that the insane impulse led to the commission of the act." He then quotes from Judge Brewster, "that the true test lies in the will-power. Has the defendant in a criminal case, the power to distinguish right from wrong, and the power to adhere to the right and avoid the wrong? Has the defendant, in addition to the capacities mentioned, the power to govern his mind, his body, and his estate?" Justice Gregory continues: "The will does not join with the act, and there is no guilt when the act is directed or performed by a defective or vitiated understanding. So far as a person acts under the influence of mental disease he is not accountable."

MORAL INSANITY OF DRUNKENNESS.

The Latin proverb said: *Nil similius insane quam ebruius*;—Nothing is more like a madman than a man who is drunk.

This branch or aspect of insanity requires special no-

tice. The world has become so wise in these modern times, that a man may become a healthy drunkard,—may poison soul, mind and body with alcohol—and then prey upon innocent and inoffensive persons, and expect to be excused from the consequences of crime under the plea of temporary or moral insanity, or both. This is no supposition—the annals of crime are full of such. Let us grant that drunkenness is a species of insanity, and find the legal and moral bearing of this crime when stripped of all its glamour.

“Drunkenness, in reference to its moral and legal character, may be divided into three kinds,—*dolus* or criminal, culpable, and inculpable.” “*Dolus* or criminal drunkenness is that which is deliberately produced for the purpose of committing crime while under its influence, and is generally regarded as affording no relief from the ordinary punishment of that crime.” Drunkenness is “culpable when, though knowingly produced, it is accompanied with no previous criminal intention.” “Inculpable drunkenness is that which occurs without any fault in the party.” Common law recognizes but two ways for producing this condition of drunkenness, “unskillfulness of the physician or contrivance of enemies.”

The Supreme Court of Indiana, in the case of *Bradley vs. State*, (31 Ind., p. 499) rendered the following decision: “Voluntary drunkenness is no excuse for the commission of a crime, and cannot be set up as a defense.”

“Continued drunkenness, producing insanity, may be proved, and if the insanity exists to such an extent that the party’s mind cannot will or determine to do the act, or does not know the consequences of his act, and it is wrong, then in such a case he would not be liable. But a mere voluntary drunkenness, no matter how much it may excite the accused or arouse his passions, is no

excuse if he has mind enough to predetermine the act and know its consequences."

An abundant harvest of murderers has been the fruit of the almost unlimited admission of the plea of moral insanity as a mitigation of crime. Courts are in some places beginning to see the error committed, and a defenseless populace may some day demand in thunder tones protection. In Indianapolis in August, 1871, Foster, having become angry with his brother-in-law, drank of whisky several times, until he was crazed,—or rather, mad—when he seized a gun already prepared and sought his brother-in-law as he would have hunted for a tiger, and when he found him deliberately shot him dead on the spot. His attorneys put in the plea of insanity. A few years ago this plea would have succeeded, but "the subject has been studied with much care, and intelligent judges, prosecutors and juries are beginning to understand the difference between the true disease and the simulation that has been current so long." In this case Judge Elliot, in his charge to the jury, gave the true view, as we conceive, of moral and irresponsible insanity.

After carefully viewing the subject, I come to the following simple conclusions. There are but two classes of insanity, and this classification must be founded upon cause:

First, Includes those where mental insanity has been brought about by means not under the control of the victim, such as hereditary insanity, accident, sickness and fright, desertion and cruelty.

Second, Includes those where mental insanity and moral aberration has been caused by means wholly or in part under the control of the victim; as reading vile books, impure associations, lewdness, intemperance, and willful indulgence of fits of anger.

Under the first class, moral responsibility is absent on the ground of involuntary action.

Under the second class, moral responsibility is in full force, for the party is absolutely responsible for the producing cause.

Many of the cases of alleged moral insanity are but the outcropping of the unrestrained passions of an unsanctified heart "dead in trespass and in sins," showing how concealed is the line of demarkation between moral insanity and total depravity.

This is a subject that must demand careful attention. We may arrest crime by punishing the criminal. Mercy to the criminal may be cruelty to the innocent and defenceless.

Proceedings of Societies.

AMERICAN MEDICAL ASSOCIATION.

The Twenty-sixth Annual Session of the Association convened at Louisville, Ky., on Tuesday, May 4th, at 11 A. M., in Public Library Hall, the President, Dr. William K. Bowling, of Nashville, in the chair. An introductory prayer was offered up by Elder Lamar, of the Christian Church, after which, the meeting being duly called to order, an address of welcome was read by Dr. Edward Richardson, chairman of the Committee on Arrangements.

The programme of evening receptions, and excursions, including invitations to visit the Masonic Widows' and Orphans' Home, the Institute for the Blind, and also that of Col. John B. McFarren, proposing a trip to his stock farm on Friday afternoon, were read and accepted.

The claims of delegates from Allen County Medical Society, of Indiana, the Arkansas State Medical Society, and the individual cases of Dr. David W. Yandell, from the College of Physicians and Surgeons, of Drs. Bodine

and Wilson from the Louisville Academy of Medicine, and of Drs. Rosenfield and Woodworth, of the Fort Wayne Medical Association, were referred to the Judicial Council.

Dr. N. S. Davis, of Chicago, stated that Dr. Bottsford, President of the Canadian Medical Association, was present, and moved that he be invited to take a seat upon the platform. The motion was promptly seconded, but the chairman decided that the gentleman should be allowed a seat upon the platform without the formality of a vote.

Dr. Bottsford, on reaching the president's desk, was presented to the audience and made some appropriate remarks.

After reading the names of the delegates, nearly three hundred of whom were found to be present, the President's address was delivered by Dr. Bowling, on *The Relation of the American Medical Association to Medical Education in the Past, and its Duty to that End in the Future.*

Upon the request of Dr. S. D. Gross, of Philadelphia, that he be permitted to deliver a lecture upon "One of the Lost Arts," this morning, a motion was made to that effect and unanimously carried.

The second day was marked by an increased attendance, and a livelier interest in the proceedings.

The Association was called to order by the president.

The following delegates were proposed for permanent membership: Drs. C. J. Walton, of Mansfield, Ky.; W. S. O'Neal, Berlin, Ky.; E. D. Force and S. H. Horner, of Louisville; W. C. Hall, Franklin, Ind.; R. D. Huley, Elizabethtown, Ky.; C. J. Renfo, Pleasureville, Ky.; and W. C. Tucker, Danville, Ky.

In all 467 delegates were reported as present this day.

The following resolutions in regard to medical promotions in the army were passed:

Resolved, That this Association learns with regret that

no action was taken by the last Congress upon its recommendation in behalf of the medical department of the United States army, and that we respectfully renew our petition, that Congress will enact such a bill, for the benefit of the medical department of the army, and will secure to its officers that share of rank and promotion to which we consider they are entitled, and which should be at least fully equal to that enjoyed by any other staff corps, or by the medical corps of the navy.

Resolved, That a committee of five be appointed to call the attention of Congress to this subject, and the petitions which were forwarded to the last Congress by the physicians of the United States.

J. M. TONER,
Chairman of the Committee.

MEDICAL DISCOVERIES.

The address of the president of the Section on Practical Medicine, by Dr. Austin Flint, of New York, one of the most distinguished living practitioners, was then announced, amid the plaudits of the assembly. He began by saying that he had the honor to submit a rather imperfect report upon medical discoveries for the past year, the reading of which would occupy some twenty or thirty minutes.

The subject-matter of the essay referred to alcoholism, motor centers, new remedial agents, transfusion of blood, and the natural history of crime. The changes of alcohol in the system, and its medicinal uses, were dwelt upon at some length. Some held that alcohol passes into the blood and is expelled through the emunctories unchanged, while others denied this, and held that it was appropriated by the animal economy. Well-conducted experiments, however, went to prove that when alcohol was thus taken into the system, the proportion excreted by the kidneys, lungs and skin is exceedingly small, the greater part being destroyed in the body. What becomes of it? This remains to be answered by further experimental researches. Six hundred grains of absolute alcohol can be disposed of without injury to the

bodily functions of a healthy adult. It is accordingly employed in the treatment of many conditions of disease, though its use is not based upon any ascertained facts concerning its elimination.

The closing feature of the paper had reference to the natural history of crime, in which the query was announced concerning the possible connection of individual tendencies to the commission of crime with corresponding diseased conditions of the organization. It was very ingeniously and elaborately put forth, together with the possibility, finally, of medical treatment for such conditions, under specific classifications, as in the case of real diseases. This, of course, implied a discussion of the responsibility for criminal acts, which should, however, offer no hindrance to enlightened investigation.

INTERNATIONAL CONFERENCE.

The report of Dr. Toner, suggesting the organization of an international medical association, in which the profession in America should be represented, the said association to meet in Brussels, for the purpose of agreeing upon a system of nomenclature, registration, etc., etc., was referred to the Committee on Nominations.

The committee appointed by the Association, at its meeting last year, to select a medal to be presented to to each member, reported that it had selected a die with the vignette of Dr. N. S. Davis, the founder of the Association, on the obverse side, and the name and date of said society upon the reverse; and that it had arranged for the manufacture of the medal, in bronze, at the mint in Philadelphia, at a cost of \$1.12 each, the twelve cents being for postage. The report was received, and the committee instructed to order two hundred of the medals.

DELEGATES TO EUROPE.

A number of the members having signified their intention of going abroad this summer, it was decided that

they should consider themselves delegates to the International Conference, to meet at Brussels in September. The following gentlemen were given credentials to that effect: Dr. J. A. Adrian, Dr. J. C. Hutchinson, Dr. J. C. Huff, Dr. E. C. Harwood, Dr. H. D. Hulton and Dr. H. R. Warner.

DELEGATES TO CANADA.

The Association, during the session of the day previous, had received the following resolution from the Canada Medical Association:

Resolved, That in consideration of the best interests of medical science, it is desirable that a medical conference should take place between the American Medical Association and the Canada Medical Association, at some central point.

On motion of Dr. E. H. Wood, the following was adopted:

WHEREAS, The Canada Medical Association has adopted and forwarded to this Association the above resolution, be it

Resolved, That a committee of thirteen be appointed by this Association, whose duty it shall be to confer with a like committee of the Canada Medical Association, at such time and place as may be agreed upon by the joint committee of the Associations.

CREDENTIALS.

Dr. Richardson, from the Committee on Credentials, reported that it had been deemed advisable to refer to the Committee on Ethics the question of the eligibility of the Marion County Medical Association of Indiana.

M'DOWELL MEMORIAL FUND.

Dr. J. Marion Sims, of New York, obtained the floor, the announcement of his name evoking loud applause. He arose to submit a report from the special committee to devise plans for the establishment of the McDowell Memorial Fund. He spoke earnestly in behalf of the report, urging the Association to be mindful of the obligations that the medical profession and humanity in gen-

eral were under, to the great "Father of Ovariectomy." The following is the report :

WHEREAS, It is universally acknowledged that the late Ephraim McDowell, of Kentucky, was the originator of the operation of ovariectomy; and

WHEREAS, We believe that proper measures should be instituted to commemorate this great achievement and do honor to its author; therefore,

Resolved, That this Association recommend to each of its members and to the profession generally, to contribute annually such sums as they may think proper, until the amount of \$10,000 shall be accumulated, which shall be known as the McDowell Memorial Fund, the interest of which shall be devoted to the payment of prizes for the best essays relating to the diseases and surgery of of the ovaries.

Resolved, That this fund shall be invested by trustees, to be appointed by the Association, and subject to such regulations as it may desire.

Resolved, That the Association shall elect a board of three trustees, whose duty it shall be to carry out the object of these resolutions, and whose term of office shall continue five years.

Resolved, That this Association will leave to the State of Kentucky the grateful privilege of providing a local memorial to the memory of Dr. McDowell.

Respectfully submitted,

J. MARION SIMS, New York,
WASHINGTON L. ATLEE, Pennsylvania,
W. T. BYFORD, Illinois,
J. M. KELLER, Kentucky.

Upon the adoption of the report, Dr. Gross addressed a few remarks to the Convention pertinent to the matter.

CENTENNIAL CONFERENCE.

Dr. Gross, as chairman of the Centennial Medical Commission of Philadelphia, announced that it was designed to hold an International Medical Conference in Philadelphia during the Centennial celebration. Delegates will be expected from the association and from State societies.

QUESTIONS OF ELIGIBILITY.

Dr. S. W. Benham, of the Judicial Council, made the following report:

"The Judicial Council of the American Medical Association would respectfully report as follows:

"In reference to the difficulties existing between the Allen County Medical Society, of Indiana, and the Fort Wayne Medical Association, of Indiana, would respectfully refer the whole subject to the State Medical Society of Indiana for adjudication. In reference to the Arkansas State Medical Association, the following resolution was adopted, to-wit: That the delegates of the said State Medical Association should be admitted to proper registration at this meeting of the American Medical Association; also that the protest of the local societies of Arkansas be referred to the State society for adjudication."

THE TRANSFUSION OF BLOOD.

The hour having arrived for the reading of a paper upon the subject of Transfusion of Blood, by Dr. H. M. Moore, of Rochester, New York, that gentleman then appeared and interested his audience upon the comparatively new subject set forth in his essay.

This was followed by the reading of an essay by Dr. Byford, of Illinois, upon the treatment of "Uterine Fibroid Tumors," which occupied the remainder of the session. It was also well received and referred for publication.

The committee on cultivation of the cinchona tree in the United States, which had been continued from year to year, reported that no progress had as yet been made. The report was received and the committee discharged.

Dr. Keller said that it had been customary to vote at the close of each session an amount of money necessary to defray the expenses of some of the officers of this

Association; but he thought that such should not lie over a year before being acted upon.

This matter was disposed of by the adoption of the following resolution :

Resolved, That all motions involving the authorization of expenditure of funds, except the expenses of the Committee on Publication and salary of the secretary, shall be referred to the judicial council before final action be taken upon them by the Association.

DELEGATES TO CANADA.

The following gentlemen were appointed delegates to the Canada Medical Association :

Dr. S. D. Gross, Pennsylvania,
Dr. Turner Anderson, Kentucky,
Dr. Willoughby Walling, Kentucky,
Dr. Wm. B. Atkinson, Pennsylvania,
Dr. Wm. Brodie, Michigan,
Dr. E. T. Easley, Texas.

The president and secretary were allowed power to add names to both as may be desirable.

THE M'DOWELL MEMORIAL FUND.

In accordance with the action of the session of the day previous, the following gentlemen were chosen trustees of the McDowell Memorial Fund :

Dr. W. L. Atlee, Philadelphia,
Dr. W. H. Byford, Chicago,
Dr. J. D. Jackson, Danville, Ky.,
Dr. J. M. Keller, Louisville,
Dr. J. Marion Sims, president, ex-officio chairman.

Dr. Wood from the Committée on Nominations, reported the following gentlemen to fill the various offices of the Association :

President.—Dr. J. Marion Sims, of New York.

Vice-Presidents.—First, Dr. John D. Jackson, of Kentucky ; second, Dr. Samuel Lilly, of New Jersey ; third, Dr. N. Pinkly, United States army ; fourth, Dr. S. D. Seelye, of Alabama.

Treasurer.—Dr. Casper Wister, of Pennsylvania.

Librarian.—Dr. William Lee, of District of Columbia.

Committee on Library.—Dr. Johnson Eliot, of District of Columbia.

Assistant Secretary.—Dr. Richard J. Dunglison, of Pennsylvania.

Committee on Arrangements.—Drs. William Pepper, chairman; Frank Maury, Albert Fricke, A. Hewson, S. W. Gross, William Goodell and Thomas M. Drysdale.

Committee on Publication.—Drs. F. G. Smith, Thomas M. Drysdale, Albert Fricke and Wm. B. Atkinson, all of Philadelphia.

OFFICERS OF SECTIONS.

Practice of Medicine, Materia Medica and Physiology.—Dr. F. G. Smith, of Pennsylvania, chairman; Dr. B. A. Vaughn, of Mississippi, secretary.

Obstetrics and Diseases of Women.—Dr. Samuel C. Bussey, of District of Columbia, chairman; Dr. R. Battey, of Georgia, secretary.

Surgery and Anatomy.—Dr. Alonzo Garcelon, of Maine, chairman; and Dr. E. T. Easley, of Texas, secretary.

Medical Jurisprudence, Chemistry and Physiology.—Dr. E. L. Howard, of Maryland, chairman; Dr. E. L. Hurlburt, of Illinois, secretary.

State Medicine and Public Hygiene.—Dr. R. C. Kedzie, of Michigan, chairman; Dr. Ezra M. Hunt, of New Jersey, secretary.

PRIZE ESSAYS.

Dr. Yandell, Sr., from the Committee on Prize Essays, reported that they had received a number of essays, carefully written, and marked by various degrees of merit. But, after as careful an examination of them as the committee have had time to make, they were not prepared to recommend any as worthy of the prize offered by the Association. One of the papers submitted to the committee was a work of vast dimensions. It makes four volumes, and an aggregate of more than

1200 pages. The committee found it utterly impossible, in the time at their disposal, to look through this elaborate paper. It treats of "Excision of the Larger Joints," and the committee was of the opinion that it was worthy of examination. Its report was therefore deferred until next year.

ADJOURNED.

President Bowling then adjourned the Association in the following address:

GENTLEMEN—Before the adjournment of the twenty-sixth meeting of the American Medical Association, we may be permitted to congratulate each other upon the general good feeling and perfect harmony that must make it memorable. The cherished members of our calling have graced this meeting with their presence, and lavished the wealth of their ripe experience upon it, and the great city of the meeting literally overwhelmed us with a hospitality whose abundance was only equaled by its elegance. We have seen for ourselves, at this great commercial capital, goodly specimens of beautiful women and gallant men of a State whose history brings a gorgeous chaplet to eloquence, song and heroism. Gentlemen, the wise utilize all things possible—life, lightning and liberty. We have made conspicuous elements of hygiene, prophylaxis and therapeutics. Let us make useful in the future memories awakened by our surroundings.

We are on the magic land of Daniel Boone, Henry Clay and Ephraim McDowell. What traits of character bear these honorable names to the heavens, and gild them with so divine a light? Will indomitable, and courage that dared all things. Let the paths of the immortal trio meet here. Let us light our torches at their altars, and emulate their virtues. Let us will what is right, and dare to do what it indicates.

Gentlemen, we now stand adjourned to meet again in Philadelphia, the first Tuesday in June, 1876.

ANNUAL MEETING OF THE INDIANA STATE
MEDICAL SOCIETY.

The Indiana State Medical Society met in its regular annual session in the Senate Chamber, at the State House, Tuesday morning, May 18th, at nine o'clock, the president, Dr. H. E. Haughton, of Richmond, in the chair.

Drs. I. C. Walker, W. F. Harvey, N. Mendenhall, G. D. Bailey and S. E. Mumford were appointed a Committee on Credentials. It was then thought advisable to anticipate the order of business by calling for the report of Dr. G. V. Woolen, Secretary of the Society, which would inform the members of the committees of the duties expected of them. It was presented as follows:

Your Secretary respectfully reports that he has performed the usual duties of the office in collecting the annual dues to the amount of \$409. He has dropped the names of those who have failed to pay their dues for three successive years, and has received notification of the following societies since the last meeting: Medico-Chirurgical, of Jefferson county; Sugar Creek Union, of Fountain and Montgomery counties; St. Joseph Valley District and St. Joseph County, Montgomery County, Benton County, Parke County, Allen County (new constitution), Marion County and the Fort Wayne Medical Association, all of which were organized as auxiliary to the State society.

The name of Dr. N. D. Clouser, of Hartford City, was reported to be dropped from the list of the State society because of similar action by the Blackford county society, and upon notification he has taken an appeal to this society. Similar action has been taken by the Allen County Medical Society against Drs. B. L. Woodworth, I. N. Rosenthal and W. H. Myer, of Fort Wayne, from which an appeal has also been taken. Charges have been preferred and sent to your secretary against the Fort Wayne Medical Association by Dr. J. R. Beck, of Fort Wayne. Also, resolutions have been sent by the Mitchell District Medical Society, and the Fountain and

Warren County Medical Society, and the Montgomery Medical Society against the officers and management of Bobb's Dispensary, of this city, members of this society.

A protest has been filed by the Indianapolis Academy of Medicine against the admission of the Marion County Medical Society. Also a protest has been filed by several members of this society against the admission of the delegates of the Indianapolis Academy of Medicine.

I also transmit a communication from Prof. N. S. Davis, of the Judicial Committee of the American Medical Association, relative to the action of that body in the case of charges against Drs. Woodworth, Rosenthal and Myers, of Fort Wayne, and the case of the Marion County Medical Society.

The documents of these various cases accompany this report.

Dr. Waterman complains that the Committee on Credentials, as at present constituted, had a bias to one of the factions contesting for representation here. He hoped the committee would be made of material that would do justice to the opposite claimants.

Dr. T. B. Harvey advised an appeal from the decision of the chair.

Dr. Mears moved that a special committee be appointed to consider the contested claims. Rejected.

The Committee on Credentials then appeared and reported, excluding delegates from the Marion County Medical Society, which was received and referred to the Committee on Ethics, consisting of Drs. Lomax, Lyons, Bell, Beck and Butler.

The Committee reported that three hundred and fifty copies of the Transactions of last year had been issued, at a cost of three hundred and seventy-five dollars for printing, etc., and sixty-seven dollars, being half of the expense of engraving and printing the lithographs accompanying Dr. Thompson's paper, an expense that was considered necessary and desirable.

The committee also felt it desirable to secure a more permanent dress for the Transactions, and had them

bound in cloth, which, however, has not greatly increased the expense of the publication. Copies have been distributed to all non-delinquent members, and in exchange with many other State societies, and to the leading medical journals of the country.

Drs. Lomax, R. N. Todd, Lyons, Pennington and Hobbs were appointed a committee to select the names to be presented for nomination to the various offices of the society for the ensuing year.

Dr. Stevens, from the Committee on the Medical History of the State, reported that the document, though quite interesting, was of too great length to be read before the society. It was referred to the Committee on Publication.

An advertisement issued by one Dr. J. P. Bonsieur, a member of the society resident at Greensburg, was handed to the secretary and read. In this manifesto the doctor was not at all modest in heralding his power over disease, which he would vanquish either on the spot or by mail, at reasonable rates, even offering to remove from any one in the snake business tape worms at the rate of a dollar a foot.

A paper was shown by the secretary, entitled the "Journal of the International Surgical Institute," at Lebanon, conducted by Dr. J. L. F. Garrison, proprietor, and N. Gillam Smith, editor, the former of whom is a member of the society. Knock-knees, bandy-legs, club-feet and pigeon-toes are the strong holt of these gentlemen.

Both were referred to the Committee on Ethics.

Dr. Kemper, of Muncie, read a paper on "Retention in Utero of the Dead Fœtus," considered particularly with regard to its effect on the mother.

After which the society adjourned until 2 P. M.

AFTERNOON SESSION.

The society met at 2 o'clock in the Hall of the House of Representatives, many members having arrived on

the noon trains. The Senate Chamber had been found too small to contain the increased number in attendance.

A resolution was offered by Dr. Woodburn that the Indiana State Medical Society desires the success of all regular medical colleges in the State, but that it would be unwise to recommend one above another. Carried.

A paper on Puerperal Eclampsia was read by Dr. Baily, who favored the use of the lancet in this disease, with the effect of opening a lively discussion on venesection.

The report of the Committee on Ethics, recommending the expulsion of Drs. J. P. Bonsieur and J. L. F. Garrison was received and concurred in.

Dr. Laughlin did not think that simple expulsion was full justice in such aggravated cases.

A paper on the "Fibroid and Fibrocystic Tumors of the Uterus," was read by Dr. W. F. Harvey, of Plainfield.

Dr. Lomax submitted a report of the organization of various county medical societies upon the plan adopted by the State society in 1872. There are twenty-three counties already represented, and a thorough organization in every County in the State is a matter not far distant.

The reading of this seemingly innocent document created quite a sensation, nearly a dozen doctors springing to their feet with lurid lightning dancing in their optics. It appeared that there were some physicians present who could have no affiliation with any other man in the profession within fifty miles of them. So that county organizations would rule them out.

Dr. Sexton moved to recommit the paper to Dr. Lomax, with such committee as he should select, with directions to report some definite action in the matter of the reorganization of the State society, on the basis of county society representation, at 2 P. M., to-morrow.

Drs. Gregg, Hobbs, Harvey, Wood and Humphrey were chosen as the committee to assist Dr. Lomax.

The society then adjourned to meet Wednesday morning at 9 o'clock, at which time the president, Dr. R. E. Haughton, would deliver his address.

SECOND DAY.

The Indiana State Medical Society reassembled in the House of Representatives at 9 o'clock A. M., Dr. R. E. Haughton, President, in the chair. The Committee on credentials reported the following named delegates, in addition to those reported yesterday: Dr. Alford Patton, Knox County Medical Society, Vincennes; Dr. F. W. Beard, do.; Dr. J. W. Pugh, Drake Academy of Medicine, Evansville; Dr. John A. Ritter, Mitchell District Medical Society, Orangeville.

The reading of the President's annual address was postponed to 11 o'clock.

Dr. W. H. Myers, of Fort Wayne, read a voluntary paper on Intraperitoneal Surgery. The paper set forth that gunshot wounds of the abdomen are exceedingly dangerous, owing to the lesion of the peritoneum, but not as fatal as they were formerly supposed to be. T. Speneer Wells has attended almost one thousand cases of herniotomy and ovariectomy, eighty per cent. of which have recovered. Other evidences of recovery from such wounds were given. Death may result in the first thirty-six hours from shock or hemorrhage; after this period the danger is from peritonitis and septicæmia, or blood poisoning. The paper cited several interesting cases illustrating the principle upon which death ensues from these wounds, and also recoveries, illustrating the treatment of suppurating ovarian cysts in ovarian diseases. Various authorities were cited, showing methods of treatment and results.

Dr. Parvin, of Indianapolis, made a few remarks upon

the paper, also citing several cases that had come under his observation. The paper was then referred to the Committee on Publication.

Dr. George Sutton, of Aurora, read a lengthy manuscript on Trichinosis, setting forth the great prevalence of this disease, the extent of its fatality, and methods of treatment. A number of cases were cited showing the symptoms of trichinosis and its progress in the system. It was a very interesting and profitable paper. The probability is that the disease is of great antiquity, causing the ancient Jew and Turk to prohibit the use of pork. From microscopical examination of pork brought to his office he was satisfied that of the pork killed in the northeastern portion of Indiana a large portion was affected with the parasite. He thought that when the fact becomes more generally known that so large a per cent. is affected with trichina, and capable of producing so loathsome a disease, it will have an influence upon one of the principal productions of the West—affecting the agriculturists, and even to some extent the commerce of the country. He cited a large number of cases to show that a very large number of cases of chronic diarrhœa, chronic dysentery and chronic enteritis was the result of trichina. He showed from statistics the large number of persons that died from symptoms that were obviously, in his opinion, those of trichinosis. Of the cases he attended afflicted with this disease, thirty per cent. proved fatal. The doctor aimed to show that it was much more prevalent than was generally supposed, and that such was the tenacity of life of these insects that it required a great deal of cooking to kill them in the pork; also, that trichina does not necessarily exist in the muscles to produce disease, but that their presence in the bowels produced symptoms that often proved serious. However, in cases proving fatal they were found in the muscular system in large numbers.

The following is a quotation from the doctor's paper, which shows the importance of the subject. After alluding to statistics showing the prevalence of the disease, he says: "We see at once the importance of the subject to commerce and agriculture, as affecting the health of the community, to the physician, to the sanitarian, and not only important but highly interesting as a subject of investigation to the geologist; for when we consider the minuteness of this parasite, its wonderful vitality, its rapid development in numbers and diffusion throughout the muscular system, the countless myriads drawing their vitality from the body which they pervade, and their entombing themselves in the muscular system to lie in a dormant state an indefinite period, or until they are again introduced into the stomach of a living animal, the proper habitat for their reservation, it certainly must be considered one of the wonderful things in nature, and must become a subject of interest to the naturalist, as well as one worthy of careful investigation in every medical society in the West."

Communications were read by the secretary from Johnson & Lilly, inviting the doctors to visit their laboratory, and from Prof. Cox, inviting them to visit the State laboratory in the geological rooms. The invitations were accepted.

The committee on nomination of officers for the ensuing year, reported as follows:

President—Dr. J. H. Helm, of Peru.

Vice-President—Dr. F. W. Beard, Vincennes.

Secretary—Dr. G. V. Woollen, Indianapolis.

Assistant Secretary—Dr. J. W. Elston, Indianapolis.

Treasurer—Dr. J. H. Woodburn, Indianapolis.

Librarian—J. R. Featherston.

Delegates to the American Medical Association.—Dr. Martin, Greenfield: Dr. T. G. Bowles, Kingston; Dr. W. S. Pugh, Rushville; Dr. Kemper, Muncie; Dr. E. D. Laughlin, Orleans; Dr. J. R. Weist, Richmond; Dr.

S. S. Boyd, Dublin ; Dr. Blount, Hagarstown ; Dr. Mendenhall, New Castle ; Dr. Sweeny, Milton ; Lewis Williams, Marion ; J. H. Ford, Wabash ; L. Humphreys, South Bend ; Geo. Sutton, Aurora ; H. D. Wood, Angola ; Dr. Gregg, Fort Wayne ; Dr. Beck, Fort Wayne ; W. B. McDonald, Indianapolis ; L. L. Todd, Indianapolis ; T. B. Harvey, Indianapolis ; A. Coleman, Logansport ; A. Patton, Vincennes ; T. W. Rawlings, New Harmony ; S. Munford, Princeton ; B. Newland, Bedford.

Delegates to the Ohio State Society.—Drs. R. E. Haughton and F. J. Van Vorhis ; Kentucky State Society—Dr. John Sloan, New Albany, and J. Rodgers, Madison ; Illinois State Society—Dr. J. W. Pugh, Oaktown, and John Link, Terre Haute ; Michigan Medical Society—Drs. Humphreys, South Bend ; Woodworth, Fort Wayne ; Myers, Fort Wayne.

The president announced the following committees :

On Ethics—Drs. Lomax, Lyons, Pennington, Burton, Woodburn.

On Finance—Drs. Walker, Mumford, Van Vorhis, Bailey, Featherston.

On Credentials—Drs. Bell, Walker, Ayers, Burton, Sexton.

On Publication—Drs. Woollen, Woodburn, Thompson, Parvin, Harvey.

On Prize Essays—Drs. Sutton, Hobbs, Bell, Bowles, Van Vorhis.

The committee to whom was referred the matter of dispute between the Indianapolis Academy of Medicine and the Marion County Medical Society submitted majority and minority reports. The majority report was signed by Drs. Lyons, Butler, Thomas and Beck, and recommended the admission of delegates from the Indianapolis Academy of Medicine, and that the Marion County Medical Society, so-called, be not entitled to representation, and advised to purge itself of some objectionable features before applying for representation.

The minority report was signed by Dr. S. S. Boyd, and recommended the passage of the following :

Resolved, That the whole subject be referred back to the Indianapolis societies for adjustment, and that they be given one year in which to settle their difficulties amicably. "So help them God."

Dr. Van Vorhis moved that the majority report be laid on the table, and that the minority report be adopted.

Dr. Hobbs moved a division of the question.

The first question being on laying the majority report on the table, a vote was taken, and resulted 54 to 42; so the report was laid on the table.

The second question was then to adopt the minority report.

Dr. Woodburn moved to lay the motion to adopt on the table; which motion was carried, and the chair decided that the minority report itself was also laid on the table.

Dr. Beck said that the committee, upon a careful consideration of the matter, found, first, the Indianapolis Academy of Medicine was the old society; and second, that the delegation from both societies was too large for admission according to the provisions of the constitution, and as the Indianapolis Academy of Medicine was the old society, and for other reasons was the only one entitled to representation. The responsibility for the Bobbs Dispensary card was assumed by the president of the Marion County Medical Society, and yet he comes here as one of the delegates in view of conduct of such an unethical character. The Marion County Medical Society is a new society, and has never been represented in this society, while the other society had been, and therefore the committee recommended the admission of its delegates.

Dr. Harvey objected to the manner in which the committee had made its reports. If it had reported the let-

ter of Dr. Fletcher it would, he thought, have modified the feeling of many of the members to a considerable extent.

Dr. Hobbs was in favor of the difficulty being settled by those not interested in it. He thought it would be right to refer the matter back to the Committee on Ethics to consider more fully and report at this or a subsequent session.

Dr. Thompson said that the reports could not be referred back, as they had been laid on the table.

Dr. R. N. Todd wanted them to vote squarely on the question, and favored referring the matter back to the committee.

Dr. Lyons said that the majority report was based on the supposition that the Academy of Medicine, being the old society, was the only one recognized by this body. The Marion County Medical Society was a new one and never had a representation. He was opposed to admitting it until it had thoroughly purged itself of homeopathy. We don't want to endorse homeopathy, and when they come up here purged of that we will receive them. [Applause.]

Dr. H. K. Myers, of Fort Wayne moved to lay the whole matter upon the table. Carried.

President Haughton then commenced the reading of his annual address on "Life, Mind, Force or Vital Dynamics," a very able and thoughtful production. The paper, which was exceedingly metaphysical, is too long for full insertion in this report, but the generalizations and conclusions will give a fair understanding of the train of thought pursued in it. The generalizations are as follows:

1. That we shall not hesitate to believe that electrical force, generated in the lungs, becomes vital force in the nervous centers.

2. That the seat of this molecular action is in the gray or cineritious structure, because the greater amount of the volume of the blood going to the brain is chiefly distributed to this structure.

3. This structure being composed of cells peculiarly arranged, renders the force static and insulated, similar to the "voltaic pile."

4. This molecular activity and metamorphosis of the cells of the brain sets free this static force in thought, sensation, will, muscular power, and all the functions directly controlled by the nervous forces.

5. The medullary structure is a conductor of this force, and is continuous, with the medulla spinalis and nerves, throughout the body.

6. The cerebro-spinal axis, the ganglia of the sympathetic system are nerve centers, which can only manifest their power through the agency of the circulation; because, if it be arrested their functions are paralyzed.

The following are the conclusions:

1. Heat, or a temperature of 100° F., is necessary to the performance of the functions of animal life. It enters into composition and recombination, into metamorphoses; forward and retrograde, therefore is a resultant of the entire cycle of functions.

2. Electricity is a chemical force, the resultant of the conversion of heat, and is also a correlative of heat.

3. Chemical force, which may be simple or compound, is capable of producing a composition of forces, whether organically or inorganically derived, and the forces thus related are heat, light, electricity, motion, to which we might add magnetism. All of these can be generated by combustion, or preferably, oxidation.

4. In every organization, the force, which controls function undergoes conversion, chemical in the lungs, nervous in the cerebro-spinal axis and ganglionic system, muscular force converted into heat when the muscles act, and so also when the nervous forces act, as in motion, thought, etc.

In this paper we use the term "vital force" or life force as simply representing organisms in action or motion, as distinguished from organisms dead or having no power of motion.

5. The forces which produce the phenomena of life are themselves the expressions of laws which have origin not in casual relations, in organisms, but are the expressions of mental energy or will.

6. Finally, that all forces pass into each other and produce a composition of forces; hence the deduction is

clearly, that they are lent modifications of some one force, which is the cause and source of all the rest, and the principles of action and arrangement are mental, and this mentality or will is a force, creative and regulative, and is nature's God—the God of the soul—the God of the Bible.

7. Vital force is a power which exhibits no analogy to any known physical force. It cannot be a property of matter, as it is in all respects different from all accepted properties of matter.

The committee on organization submitted a report so amending the constitution as to provide for organizing the society on a new basis, which, after a lively and prolonged discussion, involving the question of membership and representation, was adopted, with but seventeen dissenting voices.

The committee on ethics submitted a report regarding the exclusion of certain members of the Allen County Medical Society. This called forth an animated discussion from representatives of that county and other members of the society.

After which a committee was appointed for the purpose of preparing essays to be read at the next session.

A resolution was then offered to organize a board of health, whose duty it shall be to look after the sanitary condition of the people, and report at each regular session of this body.

A resolution of thanks was tendered to the president to which he made a brief response or valedictory.

The association then adjourned *sine die*.

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Original Communications.

TUMOR OF THE ANTRUM.

BY N. MENDENHALL, M. D., THORNTOWN, IND.

James Morris, aged 26; American; occupation, house carpenter; consulted me in the spring of 1871, in reference to a tumor growing from the left superior maxilla, at which time he gave the following history of the case:

Sometime during the summer of 1869 he first noticed a small, hard mass projecting from the jaw, at the point where the first superior molar tooth had been extracted several months previously, but had paid but little attention to it for nearly a year, when the second molar became affected to such an extent that he applied to a dentist to have it removed. The dentist not liking the condition of the parts, refused to extract the tooth unless a physician was present to assist in case of accident. Dr. W. H. Davis was called in, and the tooth extracted, when there was found adhering to the roots a mass of fleshy consistency, as large as an ordinary marble, which had occupied a portion of the

cavity of the antrum; a still larger portion of the same kind of formation remaining in the sinus, which was left undisturbed; no excessive amount of hemorrhage followed the operation.

Dr. Davis then took charge of the case, and treated by injections into the antral cavity, and also by the use of the hypodermic syringe into the substance of the tumor. What remedies he used I have not learned.

From this time the growth of the tumor was more rapid, partly, and perhaps entirely, on account of the resistance to its growth being less.

I should have stated above that a portion of the alveolus was broken off and removed at the time the tooth was extracted.

When the case was first presented to me, the tumor filled the antrum, which was greatly distended, the anterior wall being very much attenuated, cracking like parchment under pressure of the finger and crowding up towards the eye; the tumor encroaching on the cavity of the mouth and extending downwards curling over the lower teeth, partially embedding them in its substance, so that when the mouth was opened the points of the teeth were left in the tumor. It extended backwards to the tuberosity of the jaw, and forward to the left canine tooth. The whole mass as above described appeared to be attached to the antrum by a pedicle about one inch in diameter, and spread out like a mushroom from its stalk till it occupied the position above given. It was of a light red color, of firm consistency, not tender to pressure, was never painful, none of the lymphatic glands were enlarged, and the general health was good. There was no ulcerative action at any time, but some viscid discharge at times of an unpleasant taste which seemed to come from the portion in the antrum.

It was only troublesome from its size which interfered with mastication.

I advised an operation for its removal, as the only procedure that promised any hope of cure, and, as I believed it to be benign in character, I felt confident that an operation would be successful.

From this time I examined the case no more till the first of February, 1872, neither had there been any treatment given by any one during the interval.

At this examination I found the tumor much increased in size, forcing the left half of the palate to a vertical position, resting on and depressing the tongue, projecting into the pharynx, impeding deglutition quite seriously, and to some extent interfering with respiration; in front it reached to the median line of the mouth, and when the lips were separated quite a surface of the tumor was visible. It now entirely encased the lower teeth, and pushed the cheek downwards and outwards, drawing the corner of the mouth in the same direction.

The disease had now reached a point where interference was imperatively demanded, as it was evident that the patient must, without it, eventually and at no distant day, succumb from starvation or want of breathing space. At this time an operation was decided upon, which was performed on the fifth of February, 1872.

The patient being chlorofoamed by Dr. J. M. Boyd, I with the assistance of Drs. John Niven, M. H. Ross, and T. H. McCorkle, operated as follows:

I made an incision through the cheek, commencing at the left corner of the mouth and extending it to the zygoma, making it slightly convex downwards. Dissected the flap from the bone as far as the edge of the slit and along the side of the nose, and reflecting this flap tore off with my hand that part of the tumor below the bone, the remaining portion being firmly attached to the walls of the cavity. This portion I dissected out with the handle of the knife, and finding the bone soft and friable, I extracted the canine and left incisor teeth, and with the bone gouge forceps I chipped

it away until I had removed all but the orbital plate and a portion of the palate process. Several small vessels required the ligature. The flaps were brought together and united by the interrupted suture, and supported by adhesive straps. The cavity was filled with lint, saturated with lig. ferri persulph, and the patient allowed to recover from his anesthesia, which he did very readily.

The operation required fifty-six minutes for its performance, owing to the difficulty experienced in giving chloroform in such operations, and also in keeping the fauces clear of blood to prevent strangling.

The patient made a rapid recovery, and in twelve hours after the operation took food with more comfort (deglutition being less impeded) than he had done for months.

The after treatment consisted only in keeping the parts well cleansed by using, with a syringe, bromochloralum, 1 part, water, 8 parts, two or three times daily. The wound in the cheek healed almost entirely by first intention. The ligatures came away in a few days, and the parts healed rapidly without an untoward symptom at any time.

In a few weeks after the operation Dr. L. W. Clark, a dentist of Thorntown, supplied Mr. Morris with a partial set of teeth on vulcanite, which he wears with comfort and benefit, masticating his food without trouble, and improving his articulation which, however, has something of a nasal sound. Deglutition seems to be performed as well as it ever was.

As there has been no return of the trouble up to this time I think I may conclude that the cure is radical, and that the patient may dismiss all fears of a return.

REPORT OF A CASE.

BY P. W. PAYN, M. D., FRANKLIN, IND.

The following particulars of a very sudden death may be of sufficient interest to the profession to justify their publication. Subsequent events may clothe the case with no little importance, and possibly evoke questions leading to controversy:

Mr. W., aet. about 55, of medium size and in good health, by occupation a farmer. Went to the field to work on the morning of May 20; at 11-30 A. M., he was seen returning and got as far as the barn but could go no farther, saying he was very sick, sick all over and was going to die—tried to vomit, and was bathed in perspiration. Assistance was procured and he was taken to the house; in a few minutes after he was seized with a convulsion of short duration; the paroxysm were repeated at short intervals, during which the hands were clenched and bent upon the forearm, the head retracted and the hips and lower extremities drawn back. There was consciousness in the interconvulsive periods. Deglutition was seriously impaired, and he expired at 1-30, P. M. A physician was sent for but did not arrive until after his death, so that all information as to the symptoms in the case is derived from non-professional sources. No suspicious circumstances were known, and in the absence of anything calculated to excite apprehensions of foul play, the body was buried without formal inquiry as to the cause of his death. The day following his burial, having business in the neighborhood, I learned that the rigidity of the muscles prior to death continued without interruption into the post-mortem state, and remained so at the time of the burial. *This fact* coupled with the suddenness of death, the tetanic spasms, the clearness of the intellect, and the absence of the evidences of any recognizable form of disease, led me to believe the case one of strychnine tetanus. Such opinion was given to

the coroner, who after mature deliberations, ordered the body exhumed and an examination made. This was done the fourth or fifth day after burial; the rigidity existing prior to death was still well marked. The remains were found so far advanced in decomposition, that no effort was made at examination beyond the removal of the stomach, the orifices having been ligated, it was placed in a bottle and carefully sealed. It is now in the hands of a chemist for analysis, the result of which and the further proceedings in the case will be given in the future.

Proceedings of Societies.

WABASH MEDICAL ASSOCIATION.

This Association convened Tuesday, the 8th of May, 1875, at the City Hall—Dr. W. W. Hitt in the chair. Minutes of last meeting read and adopted.

The following members were present: Drs. Hitt, Barton, Freeland, Peck, Mantle, Smydth, A. Patton, Dukate, Smith, Thomas, Helms, McDowell, Hungate, Brouillette, Bell, D. T. Patton, Fairhurst, Scudder, Haughton, Merritt, Beard, Keith, Ford, Boyer, Moore, Howard, Harris, Rafferty and Beeson. Drs. R. N. Todd and Thad. M. Stevens, of Indianapolis, were also present.

Drs. Barton and Mantle were appointed temporarily to serve on Board of Censors.

A committee, consisting of Drs. Beard, Thomas and Smith, was appointed to confer with the Mitchell District Society in regard to the time and place of holding a joint meeting.

The Board of Censors recommended the election of the following gentlemen as members of the Society:

Dr. W. B. Sprinkle, Oaktown; Dr. J. T. Organ, Oaktown; Dr. W. H. Wise, Oaktown; Dr. R. H. Crowder, Sullivan; Dr. R. W. Cavens, Sullivan; Dr. J. A. Har-

per, Shelburn; Dr. S. L. Harrison, Vincennes; Dr. W. B. Anderson, Edwardsport; Dr. J. H. Swafford, Terre Haute; Dr. J. W. Cartwright, Heathsville, Ill.; Dr. J. S. Thompson, Palestine, Ill.; Dr. Royce Davis, Hazleton; Dr. J. R. Adams, Petersburg; Dr. J. C. Patton, Princeton; Dr. S. E. Munford, Princeton; Dr. Henry Gers, Washington; Dr. G. W. Willeford, Glendale. Report concurred in.

Bills amounting to eleven dollars and a half were allowed.

The Finance Committee was ordered to procure a seal for the use of the Society.

The Committee on Nominations, consisting of Drs. Barton, Helms, Haughton, Freeland and Symdth, made the following report, which was unanimously adopted: President—Dr. A. Patton; Vice-President—Dr. S. W. Peck; Secretary—Dr. H. M. Smith; Ass't. Secretary—Dr. A. J. Thomas; Treasurer—Dr. J. R. Mantle; Librarian—Dr. F. W. Beard.

Dr. Mantle, the Treasurer, reported that he had in his possession twenty-eight dollars belonging to the Society.

The President-elect, was allowed until the next quarterly meeting to prepare his address.

The Society adjourned until two o'clock in the afternoon.

AFTERNOON SESSION.

The Society convened again at 1½ o'clock P. M., when the retiring President introduced his successor, Dr. A. Patton, who upon assuming the chair made some timely remarks, urging upon the members co-operation with him in furthering the interests and aims of the Society.

The next order of business being essays, Dr. Smydth of Worthington, read a paper upon Venesection, maintaining its usefulness in combating many of the phlegmasia, and protesting against discarding the lancet from

the pocket case, in plethora, apoplexy, cerebro-spinal meningitis, pleuritis and peritonitis, etc. The paper was then discussed generally.

Dr. Freeland's views co-incided with the sentiments of the paper.

Dr. Barton had used the lancet in a few cases of puerperal convulsions with good results, but had used other remedies with the same success.

Dr. J. S. Dukate would use the same remedy in the latter disease, but was opposed to its general use.

Dr. Beard thought nothing could take its place in many diseases.

Dr. Hitt said bleeding could be often used to advantage.

Dr. Mantle thought that the types of diseases had changed, and the new remedies were an improvement on the old—that we possessed more potent arterial sedatives than formerly, and they took the place of bleeding.

Dr. Patton of Princeton, expressed the same views, but gave the preference to antimony.

Dr. Swafford thought the lancet might be used with advantage sometimes, but seldom found use for it. He thought no good substitute had been found for the lancet; he thought it would have been a blessing to humanity if Dr. Norwood, the manufacturer of Norwood's tincture of *viratrum viride*, had never been born.

Dr. Munford said he had had but little experience in blood letting, but used it to advantage in skin diseases, especially urticaria and kindred diseases.

Dr. Smith of Vincennes, said the lancet might be indicated in a few cases arising from inflammatory action, but had so seldom met with such cases that he had not resorted to general blood letting for fifteen years. New arterial sedatives had superceded almost entirely the use of the lancet. All admitted that *varatrum viride* is a potent remedy, and like the lancet it has been much

abused, but it should not for that reason be discarded, or anathemas be heaped upon the head of Dr. Norwood.

Dr. Todd of Indianapolis, believed bleeding to be good under certain circumstances, but the great question was, when is the time to bleed? In his opinion, blood letting was an abortive in many diseases, when the remedy was used in time; and consequently, thought a potent remedy in the hands of judicious practitioner for good; but that it had oftentimes been abused, and thereby discredit had fallen on it.

Dr. Stevens of Indianapolis, thought we ought to hold fast to things that are good, and said we were in danger in advocating the freer use of the lancet, of running to the other extreme, and he did not believe that general blood letting would be revived unless the types of diseases changed.

Dr. Haughton could not see how the abstraction of blood could lessen the blood poison, in cases of pneumonia, for instance. The amount of the poison was lessened, but the relative virulence in the remaining blood was the same. The circulation is partly mechanical and partly chemical, and the viscosity of the blood was reduced below a certain standard, which resulted from blood letting, congestion follows; hence, he could see no good resulting from the abstraction of blood.

A letter was read from Dr. Ezra Read, of Terre Haute, regretting his inability to be present at the meeting, especially as the subject of venesection was to be discussed. He thought, among other causes, Thompsonianism, Homœopathy, conservative and rational teaching, in the regular schools, and a public distaste to it, had operated to bring it into disrepute. But he was of the opinion that a remedy used at the siege of Troy, by Hippocrates and other learned physicians down to within the last thirty years, is not without merit, and would protest against its exclusion from practice.

Dr. Beard reported an interesting case of "Unilocular Placental Apoplexy," and presented the specimen to the Society for their inspection.

Dr. Brouillette read a paper on "Lead Poisoning," resulting from the use of cosmetics and hair restoratives, citing several interesting cases as having recently come under his observation.

Dr. Freeland read an interesting paper on the "composition of the human body, and the changes that take place in it in health and disease."

Dr. Witherspoon, through Dr. Thompson, reported a case where death resulted from an abscess in the Antrum of Highmore, after three days illness, the post-mortem having revealed no other discernable cause of death. These papers were received and referred to the committee on publication.

The next meeting was ordered to be held in this city on the second Tuesday in September next.

The President announced the following standing committee: Arrangements—Drs. Beard, Thomas and Boyer; Finance—Drs. Smith, Brewer and Harris; Ethics—Drs. Smydth, Barton and Helms; Publication—Drs. Thomas, Baird and Harris; Censors—Drs. Swafford, Munford and Scudder.

On motion it was resolved that no paper shall be received by this Society that has been written for and read before any other society.

The hour of adjournment having arrived, it was resolved to meet again at 8 o'clock.

EVENING SESSION.

The Society convened at 8 o'clock according to adjournment, President Patton in the chair. The President announced that there being no special matter before the house, he would leave the meeting to indicate the busi-

ness for the hour, whereupon Dr. Barton asked if any gentleman present had ever seen any permanent deleterious results follow the judicious use of *varatrum viride*? He himself having never seen any but good results from its use in peritonitis and puerperal convulsions.

Dr. Beard was opposed to its use, had witnessed bad results in infantile diseases, but admitted he had witnessed also favorable results from its use.

Dr. Smith testified to its value in many cases when it was used intelligently.

Dr. Patton of Princeton, thought it too potent a remedy for general use and had discarded it.

Dr. Smydth thought it a valuable remedy in many subjects, when blood letting could not be practiced.

Dr. Moore thought the discrepancies manifested in this remedy resulted from idiosyncrasys of the patients, oftentimes, and the variable quality of the medicine. He accepted it as a valuable therapeutic acquisition.

Dr. Helms had used it extensively and had never seen other than good results by its use in pneumonia and eclampsia, had given it in large doses every three hours, until the desired result was obtained.

Dr. Brouillette had used it in similar cases, and with the best results, and would not go to a patient with eclampsia, (if possible,) without the remedy at hand. Had given it in such cases in teaspoonfull doses, with the best results.

Dr. Harper was prejudiced against the remedy, and discarded it, but admitted that he had used it successfully in 2 and 4 drop doses in one case.

Dr. Mantle had used it with great satisfaction in eclampsia, used it in quarter and half teaspoonful doses until vomiting occurred, with best results.

The discussion having closed, the society adjourned until 10 o'clock on the second Tuesday in September.

W. A. PATTON, *Pres'd.*

H. M. SMITH, *Sec'y.*

DEARBORN COUNTY MEDICAL SOCIETY.

At the regular meeting held at Aurora, March 30, 1875, the following members were present: Drs. Kyle, Stewart, Miller, R. C. Bond, Green, Bowers, W. E. Sutton, Harding, George Sutton, Terrell, Lamb and Henry.

Dr. Harding reported a case of chronic Bright's disease of the kidneys. He spoke in glowing praise of the usefulness of the microscope in diagnosing diseases of this character. It was by its means alone that he had been enabled to discover the true nature of the disease in this case. All external symptoms and chemical tests had failed to reveal it. By means of the microscope he had succeeded in detecting in the excretions of the kidneys, the presence of tube casts, epithelial cells and oil globules; all the evidence of the degenerative process going on in them.

Dr. Miller read a paper supplementary to the one read by Dr. George Sutton, at the last meeting, on the "Fulcrum as an aid to manipulation in the reduction of dislocations of the shoulder joint." He had searched various works on surgery, and although some form of the principle had been applied to reducing shoulder dislocations, he found no suggestions for its use in dislocations of the hip joint. The application of the principle to reduction of luxations of the hip joint, was therefore entirely new, and the credit of first suggesting it belongs to our colleague, Dr. Geo. Sutton. On motion, the author was requested to furnish a copy of the communication, for deposit in the archives of the society.

Dr. Geo. Sutton reported a case where the use of hydrate of choral had produced symptoms analagous to mania-a-potu. Similar cases to the above were reported, and remarks made by Drs. Harding, Stewart, Green, Kyle, Lamb and Bond.

Dr. Bowers presented a gall stone for inspection. The specimen was a post mortem relic, and of so large a size as to prevent its exit from biliary viscus.

Dr. Lamb reported an interesting case of fistula, in which he had been consulted, as to the propriety of operating.

An extended discussion of erysipelas was then entered into by Drs. Green, Harding, Geo. Sutton, Lamb, Bond and Terrell. Members were of the opinion that erysipelas and puerperal fever, were but different manifestations of the same morbid action, and that internal tissues were susceptible of being attacked by erysipelatous diseases.

Dr. Terrell gave an interesting history of the late epidemic of puerperal fever in Kentucky.

Members reported the following state of general health, and the prevailing diseases in their respective localities:

Dr. Kyle remarked that during the winter, there had prevailed a great amount of diseases of the air passages; an unusual number of cases of erysipelas, some scarlet fever, and some typhoid fever.

Dr. Green reported bronchial catarrh, pneumonia, intermittent fever, and periodical neuralgia.

Dr. R. C. Bond remarked that the general health was about as usual for the season. He had seen some pneumonia, puerperal fever, bronchial catarrh, pleuro-pneumonia, croup, periodical hemicrania.

Dr. Bowers reported an unusual amount of periodical hemicrania, some pneumonia, mumps and whooping cough.

Dr. Stewart reported congestion of the lungs, some pneumonia, and periodical neuralgia.

Dr. Geo. Sutton remarked that the general health was about an average compared with other years. He had seen periodical hemicrania, scarlet fever of a mild form, pneumonia, erysipelas and mumps.

Dr. Harding reported pneumonia, erysipelas, tonsilitis, bronchial catarrh, and scarlet fever. The last disease often was of a malignant form; but he had observed that it had not been very contagious.

Dr. W. E. Sutton reported measles, scarlet fever, mumps, tonsilitis, erysipelas and periodical neuralgia.

Dr. Lamb reported erysipelas, catarrhal fever, scarlet fever of a mild form, pneumonia and mumps.

Dr. Miller reported general health as usual for the month. He had seen some pneumonia, croup, periodical neuralgia, mumps and scarlet fever, the latter frequently of a malignant nature.

Dr. Henry reported pneumonia, catarrhal fever, sore throat, measles, mumps and scarlet fever.

The discussion of Dr. Lamb's paper read at the meeting in January, was on motion ordered to be taken up at the next meeting.

FOUNTAIN AND WARREN MEDICAL SOCIETY.

The Society held its seventh annual meeting at Nixon Hall, in Veedersburg, on April 22, 1875.

The meeting was called to order at 10 o'clock A. M., by the president, Dr. Wm. Colvert. The Secretary, Dr. Weldon, being absent on account of sickness, Dr. C. D. Watson was elected Secretary *pro tem*. Members present Drs. Rowland, Watson, Campbell, Quinn, McClelland, Goodin, Fine, W. Armstrong, Riffles, Hays, Johnston, Williams, Leech, Colvert, Richardson and Spotswood. Dr. J. Adkins was admitted as a new member in due form. Prof. Thad. M. Stevens of Indianapolis, Dr. S. G. Irwin, of Crawfordsville, chairman of the District Committee on organization of county societies, and several other physicians and medical students were present as visitors.

The annual election being in order, resulted as follows: President—T. F. Leech, Attica; Vice-President—A. M. Porter, State Line City; Secretary—S. J. Weldon, Covington; Censors—G. Rowland, M. T. Case and O. Abarn; Delegates to American Medical Association—T. F. Leech,

E. T. Spotswood, T. B. Campbell and C. D. Watson ; to Indiana State Medical Society—G. Rowland, Wesley Armstrong, J. T. Rice and T. F. Leech.

AFTERNOON SESSION.

After attention to some unfinished business, on invitation, Dr. Stevens addressed the Society, taking for his subject "The need of Medical Societies," and Dr. Irwin on the subject of "Organizations."

The Society tendered its thanks to Drs. Stevens and Irwin, for their excellent addresses, and requested them to furnish copies of them, or such synopsis as may appear appropriate to the *Veedersburg Review*, and *Indiana Journal of Medicine*.

• Dr. Leech read an interesting report of a successful operation for the removal of a large calculus of oxalate of lime from the bladder, which was referred to Dr. Stevens for publication.

The following preamble and resolution were on motion adopted, and the Secretary was instructed to forward a copy to the Secretary of the State Society :

WHEREAS, We are informed that the The Bobbs Dispensary, an institution established in Indianapolis having for its Directors the faculty of the Indiana Medical College, has issued certain cards offering the services of homœopathic physicians ; and

WHEREAS, We deem such an act not only contrary to the code of ethics, but derogatory to the profession ; therefore

Resolved, That we request the Indiana State Medical Society at its next session to investigate such charges, by committee or otherwise, and act accordingly.

On motion, the thanks, of the Society were tendered to Mr. Nixon for the use of his Hall.

Adjourned to meet at Attica, on the first Thursday in June, a special invitation to be extended to the ladies.

C. D. WATSON, *Secretary pro tem.*

THE MONTGOMERY COUNTY MEDICAL
SOCIETY.

The Society met on Tuesday, May 11, at the office of Dr. Purviance, with the President in the chair. Members present: Hogsett, McClelland, Purviance, Johnson, Irwin and McMurray; visitors, Cowan, Prof. Stevens and I. E. Detchon.

The progress of Armstrong's case of synovitis of the knee joint was reported; also operations for the tumors of the angle of the lower jaw and of the breast.

The hæmostatic properties of persulphate of iron were discussed.

Rupture of the perineum was discussed.

McMurray and Johnson were appointed a committee to draft resolutions as a tribute to the memory of the late Drs. Barnett and Hipes.

Drs. May and Hogsett were elected delegates to the State Society.

Drs. McMurray and Johnson were appointed essayists for the next meeting.

Resolved, That this Society condemns the action of the Board of Directors of Bobbs Dispensary at Indianapolis, in giving recognition to a body of irregular medical practitioners in a card issued by them, and considered it as a slur on the memory of the late Dr. Bobbs, and in violation of the code of ethics of the profession and

WHEREAS, The Board of Directors are members of the State Society,

Resolved, That we request that Society to investigate their conduct.

Resolved, That these resolutions be sent to the Secretary of the State Society.

It was decided that this Society hold a picnic on Tuesday, the 8th of June, and all members of the profession be invited to participate, both in this and neighboring counties. Drs. Purviance, Cowan, Irwin and Johnson, of Crawfordsville, and Dr. Henry of Alamo, were appointed a committee of arrangements.

It was resolved to publish these proceedings in the *Indiana Journal of Medicine*.

J. S. McCLELLAND, *Pres't.*

W. L. JOHNSON, *Sec'y.*

DRAKE ACADEMY OF MEDICINE.

The Drake Academy of Medicine convened at College Hall, Evansville, April 20, at 11 o'clock A. M. Forty members in attendance. President, I. W. Rawlings, of New Harmony, in the chair; P. Y. McCoy, of Evansville, Secretary.

Resolutions reporting the death of Dr. D. E. Bruler, were adopted, setting forth his fitness by all the accomplishments that can be learned or acquired for his profession, which he, through a long life, had honored and adorned.

Resolutions were also passed concerning the death of Dr. Robson, of New Harmony, who was one of the very best of men, both socially and professionally.

Papers were read as follows: Dr. S. E. Munford, of Princeton, "Is Pulmonary Consumption Contagious."

Dr. B. J. Day, "Fracture of the Femur."

Dr. Geo. F. Center, "Catarrh."

Dr. C. P. Bacon, "The Use of Mechanical Supporters in Uterine Displacement."

Dr. W. J. Bray, "Life." The author of the paper received a vote of thanks for his "amusing essay," he having asked that it be withheld from the Committee on Publication.

The other papers were variously discussed and referred to the Publishing Committee.

A Committee was appointed to arrange an excursion to Louisville to attend the meeting of the American Medical Association.

Delegates were appointed to American Medical Association, also to State Medical Society.

Second day, April 21, Dr. Hooker had a paper read by the Secretary, on "Spinal Meningitis."

Dr. J. W. Pugh, of Oaktown, read a paper on "Acute Dysentery."

Dr. Geo. T. Center, read a paper on "Trachoma."

These papers were discussed and referred to Publishing Committee.

After the appointment, by the President, of Standing Committees, the Society adjourned to meet in Evansville the first Tuesday in November.



Reviews.

A SERIES OF AMERICAN CLINICAL LECTURES,—edited by E. C. Sequin, M. D. Vol. I, No. 1. On Diseases of the Hip Joint, by Lewis A. Sayre, M. D., Professor of Orthopedic Surgery and Clinical Surgery in the Bellevue Hospital Medical College, New York. G. P. Putnam & Sons, Fourth Avenue and 25th Street, New York.

This is the first of a series that bids fair to be of great value. Prof. Sayre does not believe morbus coxarius to be a disease, having a strumous taint as its foundation, but generally traumatic in origin. He divides it into—

1st. Stages of irritation or synovitis.

2d. Stage of effusion.

3d. Stage of Rupture of capsule, or perforation of the acetabulum.

The diagnosis of the disease in its various stages are given, then the treatment: at first rest, by means of the short or long splint, as the cases may require, and finally, when caries is present in the last stage, exsection of the diseased bone is recommended. We have seldom read

a better clinical lecture than this, which was phonographically reported by W. S. George.

AN ADDRESS ON THE CLIMATOLOGY OF FLORIDA, delivered before the Medical Association of the State of Florida, at their annual meeting held in the city of Jacksonville, on the 17th and 18th of February, 1875. A. S. Baldwin, M. D., President.

This is certainly a scholastic production, upon well established principles. It treats of the variety of climate found not only in Florida, but incidentally noticing such changes throughout the continent. We were very agreeably "deceived" upon its perusal.

GUARANA, by Finley B. Pugh, M. D., Rushville, Ind., from October number of Richmond and Louisville Medical Journal.

This is a treatise giving the composition of this remedy, and placing its medicinal properties in an active principle, termed Guaranine, identical, or nearly so, with coffeeine and theine; also giving the history of its discovery and use among the Indians of the South.

THE GLACIAL EPOCH OF OUR GLOBE,—by Alexander Breaur.

This is No. 14 of Half-Hours in Popular Science, edited by Dana Etes, Boston. We have no doubt but that Mr. Breaur explains the glacial epoch to *his* entire satisfaction at least. It is an interesting treatise upon many of the things thereto attached. We are slightly skeptical, however.

ICHTHYOSIS OF THE TONGUE AND VULVA,—by Robert T. Weis, M. D., Surgeon to the Rosavent Hospital, etc. Reprinted from the New York Medical Journal.

This is a paper read before the New York Academy of Medicine, and contains valuable material.

ON REFLEX IRRITATIONS throughout the Genito-Urinary tract, resulting from contraction of the urethra at or near the meatus urinarius, congenital or acquired. By Fessenden N. Otis, M. D., Clinical Professor of Genito-Urinary Diseases in the College of Physicians and Surgeons, New York.

- ON SPASMODIC URETHRAL STRICTURE,—by F. N. Otis, M. D., Medical Professor of Genito-Urinary Diseases at the College of Physicians and Surgeons. Reprinted from the Archives of Dermatology, Vol. I, No. 3. G. P. Putnam & Sons, New York.
- ANALYSIS OF ONE THOUSAND CASES OF THE SKIN DISEASE,—with cases and remarks on treatment, by L. Duncan Bulkley, A. M., M. D., Physician to the Skin Department Jewett Dispensary, New York.
- ADVANCEMENT OF SCIENCE.—Inaugural Address of Prof. John Tyndall, D. C. S. L. L. D., F. R. S., delivered before the British Association for the advancement of science, at Belfast, August 19, 1874. Asa K. Butts & Co., 36 Dey, street N. Y.
- LETTER TO A COMMITTEE OF CITIZENS—on the proposed Schuylkill Drove-Yard and Abattoir, by John H. Ranch, M. D., Treasurer of the American Public Health Association, Philadelphia: Collins, 705 Jayne street.
- VALEDICTORY ADDRESS—to the Medical Graduates of the University of Louisville, Ky., March, 1875, by David W. Yandell, M. D., Prof. of Science and Practice of Surgery and Clinical Surgeon, Louisville, Ky.
- THE TREATMENT OF MARASMUS, Whooping-cough, and Debility in Children by electricity. By George W. Beard, M. D., New York. Reprinted from Detroit Review of Medicines and Pharmacy, October, 1874.
- CLINICAL CONTRIBUTIONS.—Three cases of induration of the os and cervix uteri, the result of syphilis; two cases of syphilitic insanity; four cases anomalous tradition of chancres, extra-genital, with result. By W. H. Henry, M. D., New York.
- THIRTY-FOURTH ANNUAL ANNOUNCEMENT of the St. Louis Medical College, winter session, 1875-76. Catalogue for 1874-75. Regular course commences Monday, October 11, 1875, and continues five months.
- HALF-HOURS WITH INSECTS,—in twelve parts. Part six is on the population of an Apple tree. By A. S. Packard, Jr. Estes & Louriou. Boston.
- A STATEMENT of the Theory of Education in the United States of America, as approved by many leading educators. Washington, D. C.

THE TEMPERANCE QUESTION,—from the standpoint of the present. Delivered by John Morgan McKown, M. D., Arcola, Illinois.

VICK'S FLORAL GUIDE—for 1875. Published quarterly by James Vick, Rochester, N. Y.

PUBLIC LEDGER ALMANAC,—1875. J. W. Childs, Chestnut street, Philadelphia.

JOHNSTON & LILLY'S Price List of Standard Medical Preparations. No. 35, East Maryland street, Indianapolis.

THE NATIONAL BUREAU OF EDUCATION, its History, work and limitations. By Alex. Shiras, D. D., Washington City.

DETROIT MEDICAL COLLEGE ANNOUNCEMENT and Catalogue, for 1875-76.

PHOSPHORUS,—its claims as a therapeutic agent. By W. Mason Turner, B. Ph. M. D., Philadelphia.

THE BROOKLYN JOURNAL OF EDUCATION,—devoted to educational interests, science, literature and art. Vol. I, No. I.

ILLUMINATING OILS—Circular from the State Inspector, A. A. Day, East Saginaw, Michigan.

THE SEMI-ANNUAL ADDRESS of the Esculapian Society of the Wabash Valley, at Marshall, Illinois.

TRANSACTIONS OF THE MEDICAL SOCIETY of the District of Columbia, January, 1875.

SEA SIDE VIEWS of the "City by the Sea," or Atlantic City.

Editorial.

ASSOCIATION OF AMERICAN MEDICAL EDITORS.

The seventh anniversary meeting of this organization was held in the parlor of the Galt House, Louisville, Ky., on the evening of May 3d, 1875. There were present

Dr. W. S. Edgar, of the St. Louis Medical and Surgical Journal; Dr. W. K. Bowling, of the Nashville Journal of Medicine; Drs. L. P. and D. W. Yandell, and T. Parvin, of the American Practitioner; Dr. A. N. Bell, of the Samaritan; Dr. H. C. Wood, of the Philadelphia Medical Times; Dr. N. S. Davis, of the Medical Examiner; Dr. Culbertson, of Cincinnati, and Dr. Bixbey, of Boston.

The meeting was called to order by the President, Dr. W. S. Edgar, of St. Louis, who read an interesting address, criticizing the present system of medical education, advocating the adoption of measures to insure a better preliminary education on the part of young men before entering upon the study of medicine, and the establishment of boards in each State to examine and license men to practice, independent of the schools or of the college diploma. The subjects embraced in the address were discussed by nearly all the members present. The following officers were elected for the ensuing year:

President—Dr. A. N. Bell, of Brooklyn, N. Y.; Vice-President—Dr. H. C. Wood, of Philadelphia; Secretary—Dr. F. H. Davis, of Chicago.

The Association adjourned to meet on Monday evening preceding the first Tuesday in June, 1876, in Philadelphia.

JOSEPH M. FORD, M. D., late President of the A. M. A., was chosen President of the A. P. H. H., for 1875. the next meeting will be held in Baltimore, in November, 1875.

THE ESTABLISHMENT OF A MEDICAL SOCIETY IN INDIANAPOLIS.

In our May number we spoke of the need of a medical society in Indianapolis. In that article we expressed

ur views as to the proper mode of forming such. The profession was not just ripe for such a move at that time, but in the interim, circumstances, the great controller of events, have brought all things right, and we now have the pleasure to chronicle the establishment of a society upon a basis, and in accordance with the plan proposed, and while we do not claim any undue credit to ourselves, as we could not have accomplished anything without the co-operation of the Profession, still we in justice to ourselves, must be permitted to assert that those who during the last month were led to suppose that we "disturbed the waters" without any good object, and animadverted severely upon our course were mistaken. Well, we hope now they "see through a glass *clearly*," and fail not to acknowledge that there was something they failed before to perceive in a proper light. We never for an instant had aught in view, but the ultimate harmony of the profession in this county. From all parts of the State the demand comes up for a leading, influential, and therefore harmonious Medical Society in this the medical centre. "We speak as one having authority," for we are supported by the entire outside profession—no personal quarrels, no college cliques must marr our communion. Let such fight their battles, they are fully able to do so, but those who are not personally interested in such, must neither be dragged in or enter the list to take part in the tournament. If they do so the responsibility of any trouble will and must rest with the party that inaugurates or permits such fooling. With a Medical Society in every county, organized upon the basis as recommended by the State Society, and united by a common interest the profession of the State can and will be a *balance* of power. Nothing they ask for in reason will be ignored, and *political* will not control the *medical* interests as heretofore. The profession in this State has been behind long enough; we now must rise to the plain where union and position is power. One of the best

features of the new County Medical Society formed here, is found in its judicial council, composed of six members, to whom all matter of a controversial nature is referred, all applications for membership are by them considered, thus taking every question out of the body of the Society, leaving them indeed *nothing* to do but legitimate scientific work. Without such a council, a Society, judged in the light of experience, is worse than useless; with it we see no reason to apprehend the introduction of disintegrating elements. "Go ye and do likewise."

WE understand that *one* gentleman ordered us to stop his Journal because we published the proceedings of the State and National Medical Societies, or rather so much thereof as relates to a question of Ethics with its connection with a certain County Medical Society. Now, with such narrow minded, insignificant persons as this we have and wish no fellowship—he wishes we should should either crowd in all that every one would desire, or keep out all that any one would dislike. Such an idea of the powers of an editor is unequalled for assinine elements. If what we publish for news hurts any one, let him "stand from under."

WE call attention to the advertisement of Buntin and Armstrong, of Terre Haute. These gentlemen prepare the various elixirs, fluid extracts, etc., and present them to the profession in reliable form. They have received the endorsement of those who have experimented with them, and while we do not fully endorse the propriety of withholding the prescription from which certain preparations are made, still the results of experience must, in a good degree, overbalance any evils that might flow from such a source. We noticed the display of articles of this firm at the American Medical Association at Louisville, Ky., and also at the meeting of the Esculapian Society,

at Terre Haute. They in common with Johnston and Lilly of Indianapolis, both legitimate and well known firms, should be encouraged by Indiana and Illinois Physicians.

CAUTION to intending subscribers to Ziemssen's Cyclopædia of the Practice of Medicine. As this great work progresses, it is possible—from some subscribers breaking up their sets, or from other causes—that occasional odd volumes may be offered for sale. Those who desire the complete work are warned against purchasing these, as the publishers do not engage to supply parts of sets. Every subscription must be for the entire work. No volumes will be sold separately. Wm. Wood & Co., publishers, 27 Great Jones street, New York.

THE profession in Crawfordsville seem to be waking up to the importance of work. We notice that they have met and appointed a committee of three, viz: E. H. Cowan, S. L. Ensminger and W. F. Johnson, to make arrangements for a grand gathering and general *pic nic*. The committee have selected July 13th, as the time of meeting. The programme is as follows: Monday night, lecture; Tuesday morning, address of welcome by the President of the Montgomery County Society, followed by an address in the afternoon; addresses by visitors and others. Fifteen counties will be represented. We hope that the meeting will be a success; there are no better means of doing good than just such associations of physicians. We hope, also, that the laymen will not be forgotten.

THE Hartford Medical Society, Conn., having appointed a committee to procure a monument to the memory of Horace Wells, the discoverer of Anesthesia, issued a circular calling for subscriptions for that purpose. The city of Hartford having appropriated the sum of \$5,000, and the Legislature of Connecticut a like sum, the subscrip-

tion asked for is to be expended upon the pedestal. Dr. E. K. Hunt, Hartford, Conn., is the Secretary of the committee.

A RESEAT FORE THE SISTUM

Sasaprile theard of o3
 Wahoon theard of o3
 Wild Cherrey quartr of o3
 One pint of Alkhol
 2 pound of Shugr
 One pint of wattr.

Connlit All.

pr dos one swaller 3 times pr dy Before Eating.

The above is an exact copy of a "Reseat" given by a traveling doctor who said he resided in Ft. Wayne, to Mr. Peter Kesler of Milam Township, for which he paid the doctor \$2. It will not be healthy for this doctor to meet Mr. Kesler.

SEVERAL typographical errors appeared in our last number; among them, in our report of Dr. Sutton's paper, read before the State Society. For instance, on page 80, read "southeastern," for "northeastern;" on page 81, read "zoologist," for "geologist," and "resurrection" for "reservation."

Chemical.

TESTS FOR TIN AND ITS SALTS.—In acid solutions of stannous salts, sulphuretted hydrogen produces a brownish black, in stannic salts, a bright yellow precipitate; both precipitates are soluble in ammonium sulphide. Dry salts of tin, when reduced before the blow-pipe, yield metallic tin, which may be identified by its malleability and silvery whiteness.

If to a dilute solution of stannous chloride a drop of gold chloride is added, a fine purple color is produced. Corrosive sublimate (mercury dichloride) produces a white insoluble precipitate with stannous, but not with stannic chloride.—*Industrial Record*.

RED WALL-PAPER DANGERS.—To the dangers due to the arsenic entering into the pigment used in staining green wall paper, must now be added others produced by coralline dye employed in the coloring of red hangings. It appears that the poisonous symptoms (extending to acute eruptions of the body, when undergarments thus dyed are worn, and to eye diseases in papered rooms are owing not directly to the coralline, since recent experiments have proved the substance to be harmless, but to an arsenical mordant used to fix it. This last acts as a poison, both topically upon the skin, through contact with garments, and also by its dust and vapors, disengaged from the stuffs which it colors.—*Scientific American*.

Miscellaneous.

THE AGE OF SUICIDE.—The influence of age upon suicide is a study of more than speculative interest, on account of its practical bearings and of the ease and precision with which it can be demonstrated. By age is meant the critical periods of life. These periods having many components besides the mere fact of years, it is apparent that what we have to examine is a many-sided phenomenon, including together with it the advance in life, the working of physiological, mental, and sociological causes. It has been lately examined by Dr. O'Dea, and it appears that the maximum of suicides of both sexes occurs between the ages of twenty-five and fifty-five. Previous to the twenty-fifth year there is a sudden increase from two suicides between the ages of five and ten, to 136 between twenty and fifty-five. After fifty-five the tendency to suicide declines, but more gradually than it rose, except at sixty-five, where the number increases from 81 to 83—a rise so slight, however,

as to be little worth considering. There are, therefore, three suicidal periods in life; those of organic and mental growth, of organic and mental completion, and of organic and mental decline. In the first the chart shows 80; in the second, 942, and in the third, 311. Comparing the periods in round numbers, it may be said that they are as one for childhood and adolescence to twelve for adult life, and to four for the years of bodily and mental decay. To influence of sex and its attendant circumstances upon suicides at the different periods of life is shown upon the charts. With females, as among males, there is a sudden and abrupt rise until the twenty-fifth year is reached. This rise is continued to the thirty-fifth year, at which the maximum of suicides occur among women. The period from the twenty-fifth to the thirty-fifth year corresponds to that of the greatest pressure from domestic troubles and responsibilities, and also with the greatest activity of the maternal functions. The line thence decends abruptly to the forty-fifth year, whence it rises to the fiftieth, the critical period of mature female life, and then goes down, down, until it reaches the level from which it started. There are, therefore, two culminating points, and while the line on the male chart is undulating and sustained, that on the female chart is vertical and abrupt. The lower of the male culminating points is the higher of the female, and, contrariwise, the lower of the female is the higher of the male. These charts do not show the relative frequency of suicides among the two sexes. The ratio of suicides to population in the United States is (for the period covered by the last decennial census) 25 to 100,000 among males, and 3 to 100,000 among females. The only periods at which suicides are nearly equal for both sexes is from fifteen to twenty years, during which the number of boy suicides was 34, of girl suicides 32. After this the number of suicides among males is much greater than among females.—*London Med. Record.*

TO PREPARE URINE FOR EXAMINATION FOR CASTS.—[Dr. Tyson in his recent work on the urine, gives the following direction for preparing urine for examination for casts:]

“The greatest caution should be exercised in examining urine for casts. They are so often so sparsely present as to furnish no deposit appreciable to the naked eye, and yet may be found by careful microscopical examination. While it is not impossible for non-albuminous urine to contain casts, yet I have never met them, except perhaps in a single instance, where albumen and casts having been present, in their gradual disappearance the signs of the presence of albumen disappeared before the last casts had been washed out. On the other hand the presence of albumen means casts in the vast majority of instances, and many times I am certain they are declared absent simply because they are not carefully sought. Not a single slide should satisfy the examiner, but two or three should be carefully studied throughout the entire field. Nor is a plain slide sufficient. Urine should be examined in shallow cells, and as those of thin glass are generally too deep, the best are made with gum damara or Bell’s cement, by means of a turntable and brush, since in this way they may be obtained sufficiently shallow to allow them to be penetrated by an ordinary one-fifth or one-fourth objective. After being made they should be put away for a month or more, to thoroughly dry and harden, else they are washed off with the first cleansing of the slide.

Most casts from their lightness subside slowly, and the more so because the urine is albuminous. As soon as received, therefore, the bottle of urine should be shaken up, poured into a conical glass and carefully covered. Although casts generally fall to the bottom in a shorter time, I have known twelve hours to elapse before one could be discovered, and therefore, whenever it is possible, urine should be allowed to stand for this time

in a conical glass, and examined the next morning. If the urine has already been standing for some time, the supernatant fluid may be removed, and only the lower strata, containing the sediment, turned into the conical glass, and allowed further to subside. A pipette, consisting of a plain glass tube, drawn nearly to a point, should then be carried to the bottom of the glass with the index finger pressed upon the distal end. When it had reached the bottom, the finger should be raised for a second only, and quickly returned. In this manner only the lowest drops are obtained, which are most likely to contain the casts. A drop of this fluid is allowed to fall into one of the shallow cells, covered with a thin glass cover, and carefully examined with a one-fourth or a one-fifth object-glass, and the A eye-piece. Only the beginner need be cautioned against linen and cotton fibre, hair, or portions of dealwood. More likely are the mucin flakes and castlike granular aggregations of inorganic matter to mislead.

THE prevention of the use of pump-water, especially during hot weather, is one of the duties requiring our Health Officer's prompt attention. With our present light on the subject, the neglect of this duty becomes almost criminal negligence. The authorities of many of the large European cities, benefitting by modern scientific researches, have abolished the use of pump-water within their limits; and some, in order to prevent possible pollution of the drinking water used in the suburbs, have prohibited the construction of sink-wells, as it is a well-known fact that they are only efficient when the stratum of water to which they are always sunk, consists of a subterranean vein of flowing water, which carries off the human excreta from their bottom. It must be evident that all pumps obtaining their supply from the same vein of water below the situation of the sink-well must be more or less contaminated. That the

purifying power of the earth when acting as a filter to pump-water has been very much overrated, is becoming more and more evident even to the public; as there are few citizens that could not name a large number of pumps noted for their palatable water some years ago, that have now become so foul that no one would think of using their water for drinking purposes. Every autumn some thousands of people are prostrated by typhoid fever and other zymotic diseases, the germs of which had been introduced into their systems in the pump-water consumed during the hot weather. People who are content to use hydrant-water during the rest of year, will drink pump-water upon the approach of hot weather, on account of its coolness. And those who use pump-water exclusively will drink much less during cold weather, and then generally after it has been boiled in the form of tea, coffee, &c. This accounts for the great difference between the number of typhoid fever cases during the months preceding and those succeeding the hot weather.

It is a well-established fact that our hydrant water, in common with all rapidly-flowing river water, is comparatively free of the organic impurities upon which the production of those diseases depends, although it may not be near as clear and pleasant to the taste as the pump-water, containing perhaps an abundance of the germs of disease. River-water, although it may contain the same organic impurities as pump-water, is soon purified by the action of the oxygen of the air, under the influence of the sunlight, in consequence of which these impurities are oxidised and changed into comparatively harmless compounds; while in pump-water, consisting as it often does of a small pool of stagnant underground water, these germs seem to be preserved for an indefinite length of time. An additional salutary influence is constantly exerted upon our hydrant-water by many miles of iron pipe with which it is in contact.

Whether the consumption of pump-water in our city does affect the death-rate due to zymotic diseases or not could be ascertained within a few months, by simply ordering the removal of all pump-handles for about six months, and then comparing the death-rate from typhoid fever of October, November, and December of this year, with that of the corresponding months of last year. In making these comparisons it will be necessary to take into consideration the fact, perfectly familiar to all physicians, that many cases of typhoid fever are contracted in the country by persons temporarily residing there during the summer, who are very apt to return home upon the approach of the premonitory symptoms.—*Baltimore Physician and Surgeon.*

THE USE OF THE OLEATE OF MERCURY.—This preparation is at present employed in the syphilitic wards of the Vienna General Hospital, and is used strictly in accordance with the rules laid down by Prof. V. Sigmund in reference to mercurial inunction. So far 51 patients affected with syphilitic skin diseases have been subjected to the oleate of mercury inunction cure. From fifteen to thirty grains being rubbed in daily by each patient. In most of these cases the treatment was commenced immediately on the appearance of the eruption, without previous, simultaneous general medication. In seven cases some form of iodine had been previously administered; in two the mercurial ointment friction cure had been commenced; and in one case iodine had been given in addition to inunction with mercurial ointment. Thirty-seven of the fifty-one cases were afflicted with syphilitic erythema in one or other of its several forms, and the remaining fourteen cases with papular syphilides.

The results of treatment were as follows:—In the fresh forms of the erythematous syphilides, the average number of inunctions necessary to cure, was eighteen, the

eruption disappearing about the twenty-first day after the commencement of treatment, the induration at the seat of the primary affection, as a rule, being perceptible a week longer. In those cases which had been previously subjected to a course of iodine, the eruption disappeared more rapidly; still more rapid was the cure in those cases in which mercury had been already used. Dr. Vajda, in view of these results, maintains that the oleate of mercury is a more efficient preparation than the mercurial ointment, the general effect of the remedy often showing itself with astonishing rapidity. Stomatitis, the result of the oleate of mercury friction cure, was never observed, neither did this treatment give rise to eczema, and twice only was a moderate erythema produced.—*The Canada Lancet*.

LACTOPEPTINE—By J. L. Cutler, M. D., Bolivar, N. Y.—Some months since, having been informed of the successful treatment of dyspepsia by a new remedial agent, called “Lactopeptine,” and having on my hands at the time two very severe cases of that disease, one of which I had been treating with the usual remedies, blue pills, bismuth, pepsine, etc., for four months, without obtaining any improvement whatever, induced me to give it a trial.

The result of my experience with the preparation has been so extremely satisfactory, that I deem it due to the profession to make them acquainted with the history of the above cases.

Case 1. Mrs. McD. had suffered from dyspepsia in its worst form, for over a year;—bowels much constipated and liver very torpid. Notwithstanding the usual remedies, as above stated, had been prescribed for some months, there was no benefit obtained, in fact, the case was becoming worse; the eructations from the stomach were increasing, and the smallest quantity of the lightest food causing great distress after eating.

It was at this juncture that my attention was called to lactopeptine, with which I at once commenced treating her. Almost immediately after this eructations ceased, appetite returned; the tongue, which had been dry and red, was now moist and natural, and the palpitations of the heart, which before had been very troublesome, had ceased entirely. This condition being well established, I changed the treatment to pepsine, without her knowledge, so as to thoroughly convince myself whether lactopeptine was the immediate cause of the improvement. The day after she sent for me, a distance of eight miles, stating that the old symptoms were in part returning, and she was confident that I had altered her medicine, as the effect produced was so different.

Feeling convinced, that in this new preparation we have a remedial agent of great value, and one that should be widely known; and that the history of cases treated with it, would be of interest to the profession, must be my apology for the length of this communication.—*Cincinnati Medical News*.

THE SO-CALLED SYMPATHETIC NERVOUS SYSTEM.—A nervous system must of course contain afferent nerves running from the periphery to the centre, which receives their transmitted impulses, and sends them back through other nerves to the periphery again. A nerve and a ganglion do not form in themselves a nervous system, else the posterior roots of the spinal nerve and their ganglia are worthy of such dignity. Where, then, is the afferent nerve of the "sympathetic nervous system?" In the posterior spinal nerve-roots and their continuation as the ordinary nerves of sensation alone exist any nerve-fibres which are capable of transmitting a peripheral irritation so that it may reach the sympathetic ganglia. In other words, the afferent nerve of the so-called sympathetic system is a cerebro-spinal nerve passing up into the medulla oblongata.

Again, if the upper cervical sympathetic ganglion be divided, the iris contracts; if it be stimulated, the iris dilates; if the thoracic ganglia be injured, the heart manifests the result; and the intestinal movements are directly under the control of the splanchnics.

Evidently the so-called sympathetic ganglia are only portions of various physiological nervous systems, and are nothing but reinforcing nerve-masses situated upon the tracks of efferent nerves, corresponding, it may be, to the posterior spinal ganglia on the afferent nerves.

If we view the human organism from an anatomico-physiological stand-point, there is evidently but one nervous system,—namely, the cerebro-spinal,—since all centres in the cerebro-spinal axis; but if we adopt a purely physiological point of view, there are a number of nervous systems, all finding their centres within the cranium. Of several of these—the vaso-motor, the cardiac, the intestinal, and the chemical—the sympathetic ganglia evidently form a part. It will probably be found that these outlying nerve-masses are also connected with nervous systems not yet known.—*Med. Times, Phila.*

INFLUENCE OF NUTRITIVE CHANGES AND EXTERNAL CIRCUMSTANCES IN THE PARENT UPON THE DEVELOPMENT OF SCROFULOUS CHILDREN.—In a recent address by Dr. Evory Kenedy, before the Dublin Obstetrical Society, the proposition was put forward that scrofula is affected by the surroundings and circumstances which modify the human organism, his views being founded upon the fact that “all organizations are not merely variable, but varying.” The following case was mentioned as an interesting illustration of the manner in which external circumstances may lead to the production of those modifications of the human organism, which we collectively term “scrofula,” and of a return to the normal condition when the circumstances which had produced the changes had passed away. A peasant, whose family was liable to scrofulous modification, as seen markedly in

his sister and her family, married a woman free from any taint of scrofula, and had two children, who presented none of the characteristics known as scrofula. After their birth, the father had an attack of rheumatic fever, which left him with an injured heart, and consequently in straitened circumstances from his crippled condition as a bread winner. During this period of nipping poverty, two other children were born, whose clumsy fingers, thick joints, tumid *alæ nasi* and upper lips, together with a strong tendency to glandular enlargements, mark the scrofulous diathesis. After this time, the mother had an annuity left her, which once more placed them in comparative plenty. Two more children were born, approaching the healthy type of the two oldest, and comparatively free from the characteristics of the middle pair. When the family are gathered together, the history of the married life of the parents can be read in the physiques of their offspring.—*Br. Med. Journal.*

FEAR OF BLOOD LETTING.—As an instance of the excessive fear of blood-letting which affects the profession at the present time, Dr. Rawdon Macnamara gives, in the London *Lancet*, the following incident :

“Some time ago I had a patient under my care suffering under urgent symptoms of impending suffocation consequent upon acute inflammation of the upper portion of the larynx and adjacent parts. A consultation was held of surgeons of great operative ability and also of great experience. All were willing to sanction my opening the trachea, but not one would sanction my opening a vein at the bend of the elbow. However, not being as thoroughly impressed as perhaps I should have been with the importance of the doctrine of the change of type in diseases, I insisted upon bleeding my patient ; and never shall I forget his sense of relief as ounce after ounce escaped into the cup, until at last he exclaimed, ‘Thank God, I can breathe now as well as ever I did ;’ and from that out, his convalescence was uninterrupted.”

We think Dr. Macnamara is right in suspecting that there are many surgeons who have performed every brilliant feat in the wide range of surgery, but who have yet shrunk from doing the simple operation of venesection. In a very wide experience during the last fifteen years in the hospitals of this city, we have known of but three cases of bleeding,—two having been under our own care.—*Med. Times, Phila.*

ANOTHER CASE OF AN EXTRAORDINARILY HIGH TEMPERATURE WITH RECOVERY.—In *The Record* for March 27th a case was referred to in which temperature rose to 110° F., and recovery ensued. The following case, however, related by Mr. J. W. Teale, at a late meeting of the Clinical Society of London, is as far more remarkable. It is as follows :

A young lady was thrown from her horse, in the early part of September, 1874, and sustained a fracture of two ribs and some obscure injury to the spine. In due time the fracture united, but pain and tenderness over the sixth dorsal vertebra persisted.

Symptoms of spinal meningitis set in, and the temperature, which had regained the normal shortly after the accident, began to rise. One month after the accident it was 101° F., and in another month it had reached 105° . Between the 8th and 12th of November, it fluctuated between 110° and 118° , reaching subsequently 122° , on two occasions, and falling in the interval to 114° . For the next three weeks the temperature varied between 108° and 122° . Throughout December, it fell as low as 110° , during the first half of the month, rising to between 112° and 114° during the second half; in the beginning of January, it rapidly fell to 104° , becoming normal on the 10th of the month. The general condition of the patient did not seem to have been one of extreme danger, except during the highest range of temperature. The pulse never rose above 120° , and the respiration was not notably embarrassed.

The details of the case, with the thermometrical charts, have been published in full.—*The Lancet*.

A CERTAIN SIGN OF DEATH.—The most certain sign by which apparant death may be distinguished from real death, is held by Monteverdi to be the wine-red color of the skin, which is produced by a hypodermic injection of ammonia into the body. The theory on which this fact is founded is that the last act of human organic life consists in absorption. This function does not cease until after complete cessation of the capillary circulation. Liquor ammoniæ is the only reagent yet known which is reliable as an indication of the activity or cessation of absorption, and, therefore, of the capillary circulation. The brightness and size of the resulting spot is a measure of the vitality which still exists. In a dead body the injection does not produce any reddish discoloration of the skin whatever.—*Giorn. Ven. di Sci. Med.*

Obituary.

MEETING AND ACTION OF THE MEDICAL PROFESSION ON THE DEATH OF DR. KERSEY.

A meeting of the medical fraternity of Richmond City and vicinity, assembled at Dr. Weist's office June 5, at 2 o'clock P. M. Dr. J. F. Hibberd acting as Chairman, and Dr. D. H. Dougan, Secretary.

The Chairman stated that the meeting had been called to express the feeling of the profession in regard to the loss it had recently sustained in the death of an honored member, Dr. Vierling Kersey, whereupon Dr. Weist offered the following, which was adopted :

IN MEMORIAN.

The medical profession of Richmond and vicinity, are called together by the death of Vierling Kersey, M. D.,

one of the oldest practitioners of medicine in Wayne County, and by our action to testify to our reverence for his memory and affection for his person.

Dr. Kersey was born in Guilford County, North Carolina, September 8, 1809, and died in Richmond, Ind., June 3, 1875. His family removed to Indiana in 1825, and settled near Dublin. He studied medicine with Dr. Wm. Butler, of Knightstown, and attended a course of lectures at Jefferson Medical College, in the winter of 1837-8, in the latter year he commenced practice in Knightstown, where he married in 1839. In 1840 he removed to Carthage, Rush County. In 1841 he moved to Spiceland, Henry County. In 1842 he left Spiceland and located in Marion, Grant County, where he remained until 1844, when he came to Wayne County, locating in Milton, where obtaining a successful business he remained until the winter of 1850-51, where he attended a course of lectures in the Ohio Medical College, receiving at the close of the term the degree of M. D. Returning to Milton he continued in practice until November 1861, when he located in Richmond. In this city he soon obtained a good business, this he held until his death. In the estimation of his patrons and that of the community generally, his place as a physician, neighbor and friend, was second to none.

During the year preceeding his death his health was extremely good. During the two or three weeks preceeding his final sickness he suffered occasional pain, this gave him to fully understand that a recurrence of his old malady was threatened. He continued actively at work, however, until Sunday, May 30th, when he was seized by a violent chill that ushered in active peritonitis. Despite the assiduous care of relatives, friends and physicians, the disease progressed until Thursday evening, when the final scene was reached.

Thus died our professional brother and friend. Died as he wished in the midst of his work, before his usefulness as a physician was impaired by age or disease.

In his professional life he was active, enthusiastic and unremitting in his labor for the good of his patient. He was entirely devoted to the study and practice of medicine.

As a neighbor and citizen he commanded universal respect, as in all the transactions of life he was governed by a delicate sense of personal honor and of the rights of others. As a friend he was true and unwavering, and to those who enjoyed the honor of his intimate friendship he disclosed a richness and delicacy of thought hardly suspected by others.

In our various medical societies, county, district and State, he held a leading place, being elected president of the latter in 1866. Many papers from his pen, published in the various medical journals of the country, attest his professional industry. He died in the possession of a professional reputation, equal to any in the State, and rich in the general good will. Wherefore be it

Resolved, That the medical profession of Wayne County, tender to the memory of our deceased friend, the tribute of our respect for his talents and his virtues, and affection for the amiable personal qualities with which he was so richly endowed, and to his surviving family, our sincere sympathy in their loss of father and friend.

Resolved, That a copy of the proceedings of this meeting be furnished the city papers, the Indiana Journal of Medicine, and the Cincinnati Lancet and Observer for publication.

Appropriate remarks were made by Drs. Weist, Clark, Thomas, Waring, Dougan, Davis and Boyd.

CINCHO-QUININE.

CINCHO-QUININE, which was placed in the hands of physicians in 1869, has been tested in all parts of the country, and the testimony in its favor is decided and unequivocal.

It contains the important constituents of *Peruvian Bark*, *Quinia*, *Quinidia*, *Cinchonia* and *Cinchonidia*, in their alkaloidal condition, and *no external agents*.

UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

"I have tested CINCHO-QUININE, and have found it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine*."

F. A. GENTH, Prof. of Chemistry and Mineralogy.

LABORATORY OF THE UNIVERSITY OF CHICAGO, February 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE, and by direction I made a qualitative examination for *quinine*, *quinidine*, and *cinchonine*, and hereby certify that I found these alkaloids in CINCHO-QUININE."

C. GILBERT WHEELER, Professor of Chemistry.

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine*."

S. P. SHARPLES, State Assayer of Mass.

In no other form are combined the important alkaloidal principles of *Bark*, so as to be accessible to medical gentlemen.

It is found *Quinidia*, which is believed to be a better anti-periodic than *Quinia*; and the alkaloids acting in association, unquestionably produce favorable remedial influences which can be obtained from no one alone.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages which greatly increase its value to physicians:—

1st. It exerts the full therapeutic influence of Sulphate of Quinine, in the same doses, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does, and it produces much less constitutional disturbance.

2d. It has the great advantage of being nearly tasteless. The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d. It is *less costly*; the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th. It meets indications not met by that Salt.

Middleburg, Pa.

April 13, 1875.

Gentlemen: I cannot refrain from giving you my testimony regarding CINCHO-QUININE.

In a practice of twenty years, eight of which were in connection with a drug store, I have used Quinine in such cases as are generally recommended by the Profession. In the last four or five years I have used very frequently your CINCHO-QUININE in place of Quinine, and have never been disappointed in my expectations.

JNO. Y. SHINDEL, M.D.



Gents: It may be of some satisfaction to you to know that I have used the alkaloid for two years, or nearly, in my practice, and I have found it reliable, and *all* I think that you claim for it. For children and those of irritable stomachs, as well as those too easily *quinized* by the Sulphate, the Cincho acts like a charm, and we can hardly see how we did without it so long. I hope the supply will continue.

Yours, with due regard,

J. R. TAYLOR, M.D., Kosse, Texas.

I have used your CINCHO-QUININE exclusively for four years in this malarial region.

It is as active an anti-periodic as the Sulphate, and more agreeable to the Sulphate. It gives great satisfaction.

D. H. CHASE, M.D., Louisville, Ky.

I have used the CINCHO-QUININE ever since its introduction, and am so well satisfied with its results that I use it in all cases in which I formerly used the Sulphate; and in intermittents it can be given during the paroxysm of fever with perfect safety, and thus lose no time.

W. E. SCHENCK, M.D., Pekin, Ill.

I am using CINCHO-QUININE, and find it to act as reliably and efficiently as the Sulphate.

In the case of children, I employ it almost exclusively, and deem its action upon them more beneficial than that of the time-honored Sulphate.

W. C. SCHULTZE, M.D., Marengo, Iowa.

CINCHO-QUININE in my practice has given the best of results, being in my estimation far superior to Sulphate of Quinine, and has many advantages over the Sulphate. G. INGALLS, M.D., Northampton, Mass.

Your CINCHO-QUININE I have used with marked success. I prefer it in every way to the Sulphate.

D. MACKAY, M.D., Dallas, Texas.

We will send a sample package for *trial*, containing fifty grains of CINCHO-QUININE, on receipt of twenty-five cents, or one ounce upon the receipt of one dollar and sixty cents, post paid. Special prices given for orders amounting to one hundred ounces and upwards.

WE MANUFACTURE CHEMICALLY PURE SALTS OF

Arsenic, Ammonium, Antimony, Barium, Bromine, Bismuth, Cerium, Calcium, Copper, Gold, Iodine, Iron, Lead, Manganese, Mercury, Nickel, Phosphorus, Potassium, Silver, Sodium, Tin, Zinc, etc.

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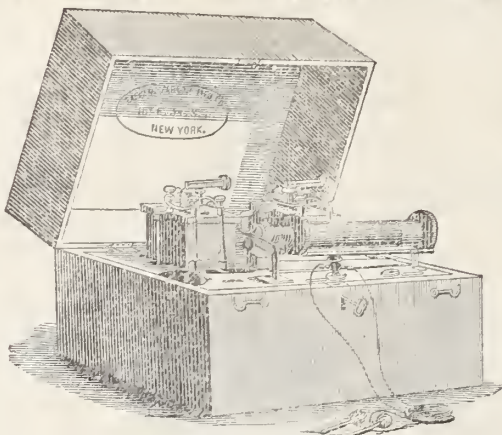
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By Special Appointment Electrical Instrument Makers, to the New York State Hospital for Nervous Diseases.

MANUFACTURERS OF PORTABLE ELECTRO-MAGNETIC MACHINES, PORTABLE GALVANIC BATTERIES.

Patented June 1st, 1870, and May 30th, 1871.

These Instruments are the most Elegant, Powerful, Efficacious, Reliable and Cheapest ever manufactured. Can be instantly set to work or stopped. Will remain in operation two or three months without changing the Battery Fluid. Can be carried around Charged and Ready for Use without danger of spilling the Battery Fluid.

American Galvano-Caustic Batteries. HAMMOND'S PERMANENT BATTERY, FOR HOSPITALS AND GENERAL PRACTITIONERS.

Electrodes for Eye, Ear, Larynx, Nose, Uterus, Vagina, Bladder, Rectum, Feet Phrenic and Sympathetic Nerves, Electrolysis, Galvano-Caustic, and all Electrical Instruments for Medical Use.

Our No. 3 and 4 Electro-Magnetic Machines have thirteen most important improvements, for which Letters patent have been obtained.

Full instructions for their management, which are exceedingly simple, accompany each machine.

We respectfully refer to the following eminent Physicians:

NEW YORK.	UNIVERSITY OF VA.	ROCHESTER, N. Y.
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Prof Lewis A Sayre, M D.		J N Anderson, M D.
Prof E C Seguin, M D.	AUGUSTA, GA.	
Prof Alex B Mott, M D.	Prof G W Rains.	CLEVELAND, OHIO.
Prof Wm H Draper, M D.		Allyn E Maynard, M D.
J J Crane, M D.	ATLANTA, GA.	H K Cushing, M D.
T G Thomas, M D.	W F Westmoreland, M D.	
Alex Murry, M D.	T S Powell, M D.	BOSTON.
Allan M. Hamilton, M D.		Alfred C Garratt, M D.
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Prof S Weir Mitchell, M D.	Prof Jas T Whittaker, M D.	Prof Paul F Eve.
Prof B Howard Rand, M D.	Prof Roberts Bartholow.	
G W Ward, M D.	F A Anderson, M D.	NEW ORLEANS, LA.
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BUFFALO, N. Y.	David Prince, M D.	SYRACUSE, N. Y.
Prof J F Miner, M D.	JACKSONVILLE, FLA.	H D Didama, M D.
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W C Phelps, M D.		

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PNEUMATIC ASPIRATION, AFTER THE MANNER OF DIEULAFOY.

"It is always possible, owing to Aspiration, to search for a fluid collection without any danger, whatever may be its seat or its nature."

"I have thrust these Needles into almost every part of the body, into the Joints, the Liver, the Spleen, the Bladder, the Intestines, the Lungs and the Meninges, and I can affirm, and a great number of observers affirm with me, that we have never seen consecutive accidents."—*Dieulafoy on Pneumatic Aspiration*, pp. 21, 24.



FIG. 68.—DESCRIPTION.

A, Brass Air Pump. B, C, Chambers containing Valves. By reversing the position of the chambers, the pump may be used at will as an exhaust or as a force-pump. A double milled circle around one end of each indicates, when these circles on both chambers are towards the pump, that it is an exhaust pump; when the circles are turned from the pump, that it is a force-pump. The chamber, C, is reversed by turning it with the tube end for end; D, E, Metallic Joints or Couplings, either of them fitting the pump or the air-cock, H, as required. F, Glass Receiver of sixteen-ounce capacity, having a coarse screw-thread cast into the glass of the neck so as to screw into a corresponding thread in the brass cap, G, making an air-tight joint by means of rubber packing. I, Fluid Cock. K, L, Metallic couplings. M, short piece of Glass Tube to give early notice if fluid has passed the needle. Nos. 1, 2, and 3, Aspirator Needles, steel, hardened and tempered at cutting point and plated with gold.

We invite the attention of the Medical Profession to this New Apparatus for Aspiration, constructed upon the general plan of Potain's modification of Dieulafoy's Aspirator, but containing the following improvements and inventions of our own.

1st.—Means of changing the pump from an exhaust to a force-pump, and *vice versa*, thereby enabling the operator not only to withdraw an abnormal fluid, but to inject the cavity through the tubes and needles of the apparatus with one adapted to induce healthy action.—See *Dieulafoy on aspiration*, pp. 276, 278

2d.—The employment, in our apparatus No. 1, of a metal Screw Cap, fitting the neck of the receiver supplied with this apparatus so securely that it cannot be forced from its place by condensed air while injecting, or accidentally removed while the receiver is in a state of vacuum for aspiration.

3d.—The use of indestructible valves.

Instead of the oiled silk valves of French and other American apparatus, which are almost certainly injured by contact with liquids,—for instance, the accidental and almost unavoidable introduction either of a few drops of the aspirated fluid, or of the oil used for lubricating the pump,—we employ a light metal valve, fitting a metallic seat, the two ground together so as to secure close contact. They are unchangeable in form, and cannot be injured by contact with fluids. If desired, they may be as freely used, and the pump also, for liquids as for air. These valves are readily accessible by unscrewing the valve-chambers, and require no care beyond occasionally wiping valve and seat with soft paper or cloth to remove dust or adherent particles should they fail to work perfectly.

4th.—An attachment for evacuating the contents of the stomach by adaptation to the pump and valves which accompany the aspirator, of a suitable stopper, cocks, rubber hose, and stomach tube. The stopper is of form and size to fit almost any large bottle, jug, or demijohn such as may be found in most houses.

Thus at half the cost of an ordinary stomach pump, the physician having the aspirator may supply himself with a means of evacuating and of washing out the stomach equal, if not superior, to any in use hitherto.

Commendations bestowed upon our Aspirators, by physicians familiar with the latest European and American ones, lead us to believe that, in some important particulars at least, they are superior to any.

In his work on Pneumatic Aspiration, Dieulafoy shows the harmlessness of the Aspirator Puncture and its great superiority to the Exploring Trocar as a means of accurate diagnosis in all collections of Pathological Fluids. It has been used with unprecedented success in



FIG. 69.—The Stopper and Cocks supplied with Apparatus No. 2.

Retention of Urine, Reduction of Strangulated Hernia in Ascites, Hydrothorax, Empyema, Pneumothorax, Effusions into the Pericardium, Serous, Purulent and Hematic Effusions of the Knee, Hydrocele, Hydated Cysts, Abscesses of the Liver, and in various other Pathological Lesions.

PRICES OF APPARATUS.

- No. 1. Air Pump**,—exhaust or condensing as described; 16 oz. receiver, of strong glass, with screw cap; three steel, gold-plated Aspiratory Needles, together with the necessary tubes, stop-cocks, &c., as shown in Fig. 68, fitted in a neat case, accompanied with printed directions . . . 18.00
- No. 2.** The same, without receiver and with rubber stopper (see Fig. 69) to fit almost any bottle of quart capacity, or less, instead of screw-cap arrangement, also with printed directions. . . 16.00
- No. 3. Dieulafoy's Notched Aspirator**, Nickel-plated, with two Needles, tubes, &c., in case . . . 14.00

- No. 4.** Stomach Attachment as described, adapted to pump accompanying Nos. 1 and 2, additional . . . 8.00
- For Pump and Brass parts of Nos. 1 or 2, Nickel-plated, add. . . 1.50
- Simple Trocars, Gold plated, Nos. 1, 2, and 3, each . . . 2.00
- Simple Trocars, with Stop-cock, gold plated to fit any of the above . . . 6.50
- The foregoing are the products of our own factory, and are warranted in every respect.*
- Dieulafoy on Pneumatic Aspiration**, post paid on receipt of . . . 3.40

CODMAN & SHURTLEFF, Makers and Importers of Surgical Instruments of every description

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N. B. See our other advertisement in alternate numbers of the *Indiana Medical Journal* Sept. 74000.

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No. 4.

Original Communications.

MILK SICKNESS.

BY J. C. PATTON, M. D., PRINCETON, IND.

Read before the Gibson County Medical Society.

Having lately heard some discussion on the nature, origin and treatment of the disease commonly known as Milk Sickness in the human subject, and as Tires, Trembles and Slows, in the lower order of animals, I have selected it as the subject of this paper; by no means claiming that my views on the subject are infallible, but simply giving the result of my experience in this class of cases, and the conclusions that I have deduced therefrom, together with such information as I could pick up from all sources that were open to me at the time. In the first place I will treat of the locality in which the disease manifests itself. This seems to be confined almost entirely to newly settled portions of the country, and rages until the land is either cleared of timber and put under cultivation, or else the wild vegetable growth is thoroughly trodden out by the feet of many cattle; in either case it gradually disappears. When I began the

practice of medicine in the year 1848, in Carter township, Spencer county, Indiana, I found in this disease the most formidable difficulty with which I had to contend, and at the same time the one I was the worst prepared to meet.

The cause of this disease is a subject that has been fruitful of controversy and is still the theme of much speculation. Many have even gone so far as to deny *in toto*, the existence of any such specific disease, holding that the malignant form of malarial fever has been mistaken for the results of a specific poison. Their mistake in this matter is a very natural and at the same time a very serious one for the patient. A case of this disease may be very easily mistaken for such a one as they describe by any physician whose olfactories have not been fully educated to distinguish the peculiar odors that invariably accompanies it. In man the only known cause is the eating or drinking of the flesh, milk, butter, or cheese from animals affected by the disease. In the herbivorous animals, so far as known, it seems to be caused by some specific poison obtained by eating certain plants that flourish in the forests only where the soil is fresh and has never been hardened either by cultivation or by the tread of many feet. This poison may perhaps be obtained from one plant only, or it may exist in several. On this point nothing definite is known; for my own part I incline to the latter hypothesis. I have sometimes thought that it may be a mineral taken up by the plant, for we know that different plants do take up different substances from the soil, and instances are known where the quality of the food supplied to plants has made a great change in the plant itself. The most that we know positively, however, with regard to the poison, is, that this disease is never found among cattle kept in cultivated pastures. Some writers have tried to show that even in the lower animals this disease might be

carried by malaria, and others that the water used by the stock contained the poison; the facts, however, are against both these suppositions. I have seen cases where cattle pastured side by side, some in woods and some in pasture separated only by a worm fence, and drinking out of the same stream; those in the woods had the disease and those in the cultivated land entirely escaped. Now we can all judge how much protection will be afforded by a worm fence against malaria.

Various animals are affected by this disease, prominent among them, are, horned cattle, horses, hogs and dogs, and among birds the turkey and the buzzard. Of the last named I cannot speak positively having seen no instance myself. I have, however, seen well marked cases in the other animals named.

Symptoms: In the lower animals the first symptom that attracts attention is a general disinclination to any rapid motion, and if forced to move quickly the animal trembles violently, and falls, with every sign of exhaustion, seeming to be utterly deprived of all muscular power. If the exercise has been violent, will often die without any semblance of a struggle, seeming to be dead by the time the body touches the ground. In man the symptoms are somewhat similar to those here described. The patient complains of being very tired on making the smallest effort, hence the common name of "Tires," as applied to this disease. If allowed to go on and develop itself it next shows itself in obstinate and intolerable vomiting, being unable to retain even a spoonful of water more than one or two minutes; in short, every symptom of malarious fever with gastritis. In addition to these symptoms there is another that may very properly be called the distinctive feature of the case, as in the presence of it almost depends the diagnosis. This is the peculiar disagreeable smell that pervades the atmosphere of the sick chamber, and even meets you at

the door; many attempts have been made to describe this odor, but thus far all descriptions met with have proved a failure, for the simple reason that it is a thing *sui generis*, and undescribed simply because indescribable and only to be known by actual experience, and once smelled is never forgotten. This horrible smell is of the utmost importance in a diagnostic point of view, as it affords the only distinctive mark of the specific poison with which we have to contend. Woe to the patient if the physician overlooks this sign.

Prognosis: In the majority of cases if taken in time the patient may be expected to recover. I have never seen a case die after a free discharge of thick black matter from the bowels; I have seen a few cases, however, where the attack came on after violent exertion in which the patient seemed from the first predestined to die, no remedy seeming to have any effect.

Tests: In some districts the people place great reliance on certain tests of the quality of the milk. The common method is to put some of the freshly drawn milk in a vessel and place on the fire, if it coagulates, they reject it as dangerous, but if the heat does not effect it they use it without any fear. For my part, I would not put confidence in this test, further than this, I would at once reject milk that would coagulate, but would not consider the mere fact of non-coagulation as proof positive of safety, for I think that the poison may exist in dangerous quantities without producing coagulation. In fact, I have seen some very bad cases in persons who had been very careful to test the milk every time it was drawn, and who ate no beef and consequently felt entirely safe.

Lesions: The primary lesion seems to be one of innervation. The brain does not give off a sufficient amount of nerve power to keep the motor nerves in action, hence, the patient while in the first or third stage of the disease, when lying passive, making no muscular effort, seems

almost well, but is instantly prostrated by any muscular effort, and if this is carried too far, the supply of nerve power is used up faster than it comes from the brain. The power propelling the heart fails, and the patient dies without a struggle.

The Secondary Lesion seems to be one of structure, consisting in an irritated and swollen condition of the pyloric orifice of the stomach which is often closed. Hence, the obstinate and continued rejection by the stomach of every remedial agent introduced by the mouth. Here is another fruitful source of preplexity, for the physician is seldom called until the second stage of the disease is fairly established; and if he is so unfortunate as to be unacquainted with the peculiar distinctive smell that invariably accompanies the poison, he will very naturally conclude that he has a case of malarious disease with gastritis, and prescribe accordingly, and will have the mortification of seeing the failure of his remedies, never suspecting that his treatment is only pouring oil on the smouldering fire.

Treatment—If the physician is called in the first stage of the disease, the indication is to remove the accumulation in the bowels by mild purgatives; for this purpose, a favorite prescription with some of the successful practitioners, is—sulphur in free doses, repeated at short intervals until the bowels are freely moved, then follow with diffusible stimulants, at the same time enjoining the patient the importance of perfect rest, all muscular effort being forbidden, as any violation of this rule is liable to precipitate the patient into the second or vomiting stage, in which the case assumes a decidedly serious aspect. When you find your case in the second stage, you must go to work in a much more vigorous fashion. The treatment I have found most effectual in this stage is so simple and constant as to almost deserve the character of a specific. My plan has been to make up a large quantity of an infusion of senna, in which I

dissolve as much sulphate of magnesia as water will readily take up; I then immediately after one of the turns of vomiting, give from one to two fluid ounces of the mixture. In about one or two minutes it will be rejected, but I am ready to pour down another dose before the stomach has time to recover from the effort of vomiting, when I am sure that it will be retained from one to two minutes; then when that comes up, give another dose, and so continue until the patient obtains relief. In addition to this treatment, I employ injections of cold water, thrown as far up as possible. The first favorable symptom in these cases is a small discharge of thick tarry looking matter from the bowels, this is followed by an abatement of the extreme nausea and burning in the stomach, and on continuing the treatment free discharges from the bowels are produced, also of a tarry nature. The effect of these discharges are so prompt that I always considered the patient out of danger, in fact, the strength returned so rapidly that a patient who seemed at the point of death, has been known to get up and walk in six hours after this matter was discharged. This treatment is greatly assisted by alcoholic stimulants.

Effect of Remedies.—The use of the purgatives mentioned in the “first” stage, seems to effect the purpose by the removal of the poison from the mucus membrane with which it comes in contact, and in the second stage the saline cathartic appears to act as a local remedy applied to the irritated surface of the pylorus, and by being constantly repeated, finally reduces the swelling so as to allow it to pass, and act as a purgative. The use of the cold injection I think, acts by driving the circulation somewhat from the abdominal viscera to the brain, and consequently gives more power to be sent to the muscular system. In no case is mercury to be used in any form, it seems to aggravate every symptom, and very seldom

will the patient survive many days under the mercurial treatment.

Effect of the Disease.—The most singular effect that I have noticed, is, that an attack of “tires” seems to confer complete immunity from attacks of malarious disease for a long period after recovery, in fact I cannot now recall a case in which there was the peculiar distinctive smell of milk sickness that was followed by any malarial attack the same year. This one fact, if confirmed by the observation of others, would be enough to set aside the theory of those who claim that it is of malarious origin. Could we find out exactly what the poison is, and how it is to be obtained and controlled, as we now do some other powerful poisons, may we not be on the right track to utilize what is now an unmitigated evil as the long sought antidote for malaria.

PLACENTA PRÆVIA.

BY J. H. BRILL, M. D.,

Reported to the Hendricks County Medical Society.

Was called May 18th, 1873, to see Mrs. M—, who was reported to be flooding to death. When I arrived, the face of the patient and the surroundings told that a frightful hemorrhage had taken place.

She gave the following history: age 26 years, has been married 9 months and 9 days, menstruated the following week after marriage, since then no catamenial. Has had morning sickness and vomiting for the last 7 months; has had stomach trouble and cough for several years. Says she commenced to loose blood two months ago; that it has occurred from one to three times per week since; the hemorrhage has generally come on during or after active exercise, which was the case to-day.

Present condition : the vagina was filled up with coagulated blood ; the os was dilated only sufficient to admit the point of the index finger ; a somewhat roughened fleshy mass could be felt lying over the mouth of the uterus. No uterine contraction and is loosing no blood now. My diagnosis was *placenta prævia*. Ordered qui., sulph. and opium, good diet and enjoined quietude in horizontal position. Same treatment continued, with the addition of tr. ferri. chl. They now desired me to take charge of the case. I requested to have my friend, Dr. Estman, see the case with me next morning. We saw the patient at 11 A. M., and to our surprise found the woman in labor, the hemorrhage had come principally from the right side. The placenta was found to be almost central. The uterine contraction was quite feeble. Gave quinine and ergot. About 3 o'clock P. M., while the head was high up in the pelvis, Dr. Estman applied the forceps, and in a short time the woman was delivered of a large male child, which had evidently been dead some days. The placenta was removed easily. I do not think more than 3i. of blood was lost from the time we entered the house until delivery was complete.

May 22d. Rested badly last night, vomiting quite frequently, slight tenderness over uterus ; no tympanites, some lochia last evening, pulse has remained at about 120 since delivery. Evening, 6 o'clock—stomach ejects everything taken. Irregular respiration and prolonged *expiration*. Placed a blister over epigastrium, and gave small pieces of ice and a teaspoonful of wine whey every 15 minutes, all other medicine and nourishment to be given per rectum. May 24th, no vomiting this morning but complains of nausea ; uterine tenderness not so great as yesterday ; otherwise no improvement. May 25, can take nourishment and medicine by the mouth this morning, most of which she spits up. Good nourishment and stimulants have been given this patient from the

commencement, but nothing appears to be digested. May 26, died 2 A. M.

REMARKS.

There is a difference of opinion among the profession as to the treatment in placenta prævia; they all agree as to the danger to both mother and child. Some say leave the case to nature, others deliver by bringing on premature labor. If I had been called to see the unfortunate case that I have just detailed a month or six weeks sooner, and been convinced in my diagnosis, I would certainly have proposed to invite labor before repeated hemorrhages had exhausted my patient. It is a question whether "transfusion" could have been a benefit in this case. The irritated state of the system and the chronic gastric trouble point to a negative result.

RUPTURED COLON.

BY W. F. ATWELL, M. D., AMHERST, WISCONSIN.

On the evening of February 2d, 1874, I was called in consultation with my esteemed friend, Dr. Brown, of Weyanwega, to see a patient suffering from *Strangulated Hernia*. The patient, H. S. L——, a hotel keeper, æt. 65, of slight frame, had been troubled for many years with a double hernia, was addicted to the immoderate use of alcoholic stimulants, and had that day about 5 o'clock P. M., a quarrel with a guest, resulting in blows being freely exchanged by both parties. The quarrel ended by H. J. L——, the patient, striking his opponent upon the top of the head with a large stone pitcher, bringing him to his knees directly in front of the patient; while in this position, H. J. L. was siezed around the body by his antagonist, and received two or three bear-

like hugs, with the head of his opponent thrust deeply into the yielding tissue of the abdomen. Patient became faint, and immediately gave up the encounter, walked to another room and lay down. Dr. Brown gave me the following history of his condition from 6 P. M., until my arrival at 8:30 the same evening: "Found the truss of patient pushed upward on left side and hernia protruding; tried taxis and position, and was unable to reduce it." Pulse at 6 o'clock, 85; at 7, 108; at 8 it had raised to 140 beats per minute, and there was progressively increasing prostration and coolness of the extremities. The treatment up to my arrival had consisted of morph. sulph. grs. $\frac{1}{4}$, aqua distil. gtt. x., injected hypodermically in the walls of the abdomen.

Upon my arrival, in moving the patient, the hernia slipped back into the abdomen with a slight gurgling sound. I found the patient suffering extreme pain, notwithstanding he had had three of the above doses an hour apart. Pulse 160 and thready; extremities cold; occasional hiccoughing, and some regurgitation. Patient continued to fail, and died by rapid asthenia at 1 o'clock the same night.

Result of post mortem examination held at 2 o'clock February 3d: Found heart and lungs in good condition; stomach and liver showing some evidences of intemperance; kidneys in fair condition; colon ruptured at the junction of the transverse and descending portions; rupture was about one half inch in length, and from about the centre there was a transverse tear about one eighth of an inch in length, giving to the rupture a stellate appearance. The coatings of the colon showed no evidence of disease, neither those of any part of the intestines.

RENAL ABSCESS WITH BILIARY OBSTRUCTION.

BY H. H. CHASE, M. D., SALEM, IND.

On the 21st of June, 1874, I was called to make an examination of J. N—, aged 76, who had died the day previous.

Deceased was born in Virginia, married when young, settled in Washington county in 1827, and lived upon his farm until he died, being a period of 47 years. During the summer of 1834, in attending upon a sick neighbor, he contracted a skin disease known as *prurigo formicans*, that clung to him to the day of his death, notwithstanding every remedy and variety of treatment exhibited. The symptoms were characteristic—small bulla appearing upon the skin covering the trunk and the extensor sides of the limbs, finally breaking and discharging a drop of bloody serum, forming a small scab, attended with intolerable itching and tenderness.

During the last twenty years of his life, he suffered from an annual attack of bilious fever, usually during the summer months, lasting generally a fortnight, and succumbing to cholagogue and tonic remedies.

In April, 1873, being æt. 75, he first experienced severe strangury, and during the remaining 14 months of his life, never urinated without passing more or less venous and clotted blood, often amounting to as much as 16 $\frac{3}{4}$ during the 24 hours. About this time, also, his appetite, good hitherto, began to fail, and he decreased in weight from 260 to 190 pounds. He died at 4 P. M. on the 20th of June; since 6 P. M. on the 31st of May preceeding, he partook of not an ounce of food of any description, save water. The body, 18 hours after death, showed *rigor mortis* well marked; was much emaciated; entire body except flexor side of limbs, was covered with small bloody scabs, from prurigo; skin universally of a yellow tinge, with here and there large blotches of a more

decided hue, and of the toughness of tanned leather. Decomposition of the penis had already begun. The abdominal sections showed a layer of adipose tissue $2\frac{1}{2}$ inches in thickness; the muscles being so soft as to easily disintegrate between the fingers; considerable fat lining the omentum; stomach and intestines being empty and collapsed, coated from the cardiac orifice to the anus with glairy yellow mucus. No other pathological appearance could be seen in the stomach, alimentary canal, heart and lungs. The right kidney was normal in every respect, while the left was atrophied to half its proper size. In its substance, both cortical and medullary, I counted 30 small abscesses, each containing from a few drops to a half a fluid drachm of an ichorous fluid, the odor of which sickened nearly every one present. The substance of the kidney was crowded with the cicatrices of former abscesses, in all stages, from the small hard white nodule, to the recent scar nearly as large as a pea. Nothing abnormal present in the ureter; the suprarenal capsule being slightly enlarged.

The bladder presented considerable hypertrophy, and had formed strong tendinous adhesions; all its coats were enormously thickened—the muscular forming a net-work of folds and cords: the prostrate enlarged to the size of a goose egg, and showing the third lobe prominently: clustered around the urethra opening were twenty small polypi, varying in size from that of a pea to a hazlenut; the mucous lining of the urethral and neck of the bladder showed intense congestion; frequent small echymoses were visible, and numerous dots of blood had exuded from the ruptured capillaries. The liver showed mere congestion; laying my finger upon the gall-bladder, I found it distended to the length of five inches, full of sand and calculi; from it I took 187 calculi; all octohedral in shape, except one that was round; the sand when dry weighed 212 grains, the stones 257

grains. No suspicion of biliary calculus had ever entered the mind of the attendant physician, as J. N. had never complained of any symptoms pointing to that complication.

THREE CASES OF SUPRA-PUBIC LITHOTOMY.

BY GUIDO BELL, M. D., INDIANAPOLIS, IND.

The first of these cases has been reported already in the *Western Journal of Medicine*, Dec., 1867, but being so simple in its method, and satisfactory in execution and result, it gives an instructive comparison with the following more difficult cases.

Case I. Frank Krug, a healthy boy four years and a half old, suffered very much for several months with dysuria. About a month before I operated on him, I felt in examining "per anum," a hard substance lying just at the vesical orifice, which, upon being touched, receded in an upward direction; the sound was not passed at this time. He had pain in urination and defecation, the pain varying in intensity and in continuance at different times.

On Saturday, the 17th of August, I was called to see him in a very severe and protracted paroxysm. Introducing an uterine probe into the urethra, it was readily brought in contact with the stone, and between the instrument and the finger introduced into the rectum, the stone could be firmly held; at this time I judged the calculus to be about the size of a pea. A mistake afterwards discovered, and explained by the fact that only a portion of it was thus held.

I was assisted in the operation, which was performed on the 25th of August, by Drs. Homburg and Gussman, and Mr. Ferling. After the patient was chloroformed,

the sound was introduced, and the peculiar click demonstrated to the satisfaction of all, the presence of the stone. The bladder was then half-filled with tepid starch-water, and the anæsthesia being sufficient, I made an incision in the "lin. alba" two inches and a half in length extending to the "lig. suspensor penis." Then the left fore-finger being placed on the symphysis, a perpendicular incision was made and the parenchyma divided over the director the length of the first incision; the recti was divided about half an inch on each side. Immediately the bladder prolapsed, it was held up near the urachus, pressed forward by the sound and incised with the scalpel backwards and downwards, this incision being about an inch and a half long, and from it the injection escaped freely. Twice I endeavored to remove the calculus with the polypus forceps, but failed; this was then accomplished by means of the right fore-finger introduced into the bladder; there was no other stone. Three silk sutures passing superiorly to the mucous membrane, were used to close the vesical incision. The restlessness of the patient caused the bladder to prolapse several times. The abdominal incision was closed with the twisted suture to within an inch and a quarter of its inferior end. A cloth covered with cerate was applied to the wound, and over this a bladder containing ice was suspended so as just to touch it. Immediately after, the patient took a twentieth of a grain of opium and half a grain of camphor.

The calculus is heart-shaped, dark brown, weighs sixteen grains, measures half an inch in its longest diameter, and is of the variety known as mulberry. A catheter introduced immediately after the operation, was removed by the patient in the evening of the same day and not re-introduced, because the urine was passed regularly without pain or other trouble. Prof. Simon of Heidelberg says, the catheter is not required after an operation on vesico-vaginal fistula. "Prag. Vierteljschr. Sept.

1867." The twisted suture was removed on the 20th of August, and the vesical suture cut off on the 31st, and before the 13th of September, the patient was out walking, the wound then being entirely healed.

Case II. Peter Rauser, a fat boy 3 years old, troubled with intermittent fever lately, had a "prolapsus ani," and a very enlarged prepuce. Several examinations through the urethra and rectum did not secure the diagnosis, although all clinical symptoms demonstrated the presence of a stone. The great pains did not allow any delay.

I was assisted in the operation, which was performed on September 24, 1872, by Dr. Uhl, the family physician, and Mr. Ferling. I commenced the same way, as described in the first case. But there was much more fatty tissue to be cut through. The boy awoke from the narcosis and becoming restless, the peritoneum was accidentally incised to the extension of one inch and a half. I hastened and omitting to fill the bladder, I introduced a uterine probe into the bladder, held it up with a sharp hook and incised with the scalpel near the symphysis downwards. The bladder reached high up to the navel. I removed three calculi, each the size of a chestnut, having one fore-finger in the bladder and the other one in the rectum, I endeavored to close the bladder with catgut, but after a first trial my experienced colleague opposed a further attempt. The abdominal incision was partially closed by the twisted suture; the urine escaped through the lower part of the incision; the bowels were not seen any more. Ordinary dressing with carbolic salve, no catheter introduced, sulphate of morphia gr. 1, 1-20 administered. The calculi have the shape of gall-stones with inerustations and weigh 96 grains. The next day the abdomen was a little tender and bloated, but the peritonitis remained local. On the fourth day the bowels were moved by injection. High fever with dry brown tongue was observed on this day and treated in regard

to the preceding intermittent fever with quinia. On the ninth day the fever was over and the patient passed water through the urethra. On the sixth of October, not three weeks after the operation, the boy was out walking. Two days after a few drops of urine run through the fistula, the use of caustic stopped it within three days. The prolapsed anus and enlarged prepuce became normal and all urinary trouble disappeared.

Case III. Ed. Homuth, aged 26 months, a stout, fat boy; had much pain in urination for about a year. Sometimes he passed water in a stream, but was suddenly interrupted and under severe pains; finally he could retain neither urine or feces. The prepuce was not enlarged. I made the diagnoses of a large stone, I felt it only once, when the bladder was filled, and in examining through the rectum, the bladder could be felt entirely contracted at the neck as well as at the vertex, but in the middle, there was a large circumference.

Assisted by Dr. Homburg and Mr. Ferling, I performed supra-pubic lithotomy on the 28th of June. The incision was made in the "lin. alba," not quite two inches long; a little artery made some delay, but more, the abundant fatty tissue. To get the abdominal wound as large as possible, I cut the insertion of the mm. recti nearly through, then I filled the bladder with warm water, but it escaped in introducing the sound. The bladder did not prolapse, but was pressed forward by the sound and held up with the sharp hook; then a small-bladed knife, guided by the fore-finger was passed into the bladder somewhat behind the symphysis. The calculus was removed with the stone-forceps, not without some force. The stone is a hard one, being of oxalate of lime with many inerustations of phosphates, and has the shape and size of a very large almond, it measures 3.2 inches on the larger and 2.15 inches on the smaller circumference, and weighs a little over two drachms. Twice I endeavored to close the incision of

the bladder by means of a needle, ordinarily used for staphyloraphy, but the wound being near the neck of the bladder and lying in depth over an inch, could not be brought into sight. In tying the thread I noticed that either the needle or the thread had torn from one edge of the wound; the urine escaped freely, no catheter applied. The abdominal incision was closed with one pin and dressed with a strong solution of carbolic acid. Ordered one-fiftieth of a grain of morphia. In the evening the little patient took another morphine powder. The following day there was some fever. Third day fever, abdomen resistant, patient took 3 grains of calomel in three doses. The wound was covered with some gangrenous particles. Strong solution of carbolic acid was used. Fourth day, bowels loose, fever down, warm poultices of aromatic herbs, patient takes some milk. Fifth day, gangrene sloughing away, patient looks well. Eighth day, wound clean and begins to be contracted, slippery elm poultices. Twelfth day, increased alvine discharges: ordered aq. calcis \mathfrak{z} . iij., tt. op. gtt. v., aq. lauro-ceras, gtt. x. The next day general condition good, adhesive plaster on the wound. Fifteenth day, digestion not quite good, but no medicine administered. Twentieth day, small fistula. July 23, the wound is nearly closed, only a few drops of urine escape there, but the patient did not yet pass urine regularly. I chloroformed him and introduced the sound in the urethra, and before reaching the orifice of the bladder, the urine escaped in a large stream. Since that time there was no urinary trouble.

Some months ago, Dr. Winslow Dalles of Philadelphia, wrote me, that he is about to publish an essay on *Suprapubic Lithotomy*, and that he has a material of 500 cases, 40 of these performed in America.

Proceedings of Societies.

PROCEEDINGS OF THE ÆSCULAPIAN SOCIETY OF THE WABASH VALLEY.

REPORTED BY G. T. RAGAN, A. M., M. D., SECRETARY, NEOGA,
ILLINOIS.

By invitation of the Terre Haute Medical Society, the Æsculapian Society met in the city of Terre Haute, Ind., May 26, 1875, and was called to order by the president, Dr. C. B. Johnson of Tolono, Ill., at 10:30 A. M. Owing to change of time on several Railroads, many members were not able to be present at the time of opening of the session.

On motion of Dr. J. D. Mitchell, of Terre Haute, Dr. L. J. Willien of the same place, was chosen Secretary *pro tem*.

The meeting was formally opened with prayer by Rev. Dr. Sterrett. Dr. Ezra Read, of Terre Haute, then introduced Mayor Edmunds, who delivered an address of welcome to the hospitalities of the city.

Dr. Wm. Massie, of Grandview, Ill., in behalf of the Society, responded to the kindly expressions of the Mayor, fully expressing the feelings of the society in view of the generous welcome.

Afterwards Dr. Read was introduced, who delivered the professional welcome, which was able and appropriate.

A vote of thanks was tendered the Mayor and Dr. Read for their addresses.

By vote of the society, the Terre Haute Medical Society as well as the physicians of the city and vicinity were made members by invitation and requested to take part in the discussions.

AFTERNOON SESSION.

At 2:30 P. M., Dr. Johnson took the chair. The Sec-

retary, G. T. Ragan of Neoga, Ill., having arrived, read the minutes of the last annual meeting which were approved.

On motion of Dr. Swafford, Dr. Stephen S Young, of Terre Haute, Ind., was reinstated a member of the Society.

Dr. Spotswood, president of the Vermillion County Medical Society, Ind., was introduced by Dr. Willien. Dr. Willien then read the minutes of the forenoon session which were approved.

Twenty-five members answered to roll call.

Prof. John E. Link, chairman of committee on surgery, wished to postpone the reading of his report until the morning session.

Dr. Willien extended an invitation to members and others to see a collection of pathological specimens. Dr. Spotswood was also requested to bring before the society some specimens on pathology.

Dr. Willien read his report on obstetrics, and the paper, by vote of the society, was placed on file and the subject opened to discussion. The paper was a report of 204 cases from the Doctor's Obstetrical Record, and was prepared with great care giving a history of the more important cases and a classification of all with treatment in several cases.

Dr. Massie was astonished at the large number of cases of post-partum hemorrhage. In rigid os uses the lancet promptly and freely. Has an adverse criticism to make. Doctor Willien's armament is too large. He uses remedies that are more simple. Thinks a great many little things might be dispensed with.

Dr. Spotswood has a case of Placenta Prævia on hand and is very desirous to learn what is best to be done between now and the time of the labor setting in. Dr. Swafford says that if hemorrhage sets in by all means use the tampon if nothing else can be done. Would in-

roduce the hand and turn, would use the forceps sparingly.

Dr. J. M. Steele of Grandview, Ill., the oldest member of the Society, never used forceps.

Dr. J. M. McKown of Arcola, Ill., asked if these 204 cases were cases as they came up in ordinary practice or were they cited as cases of dystocia?

Dr. Willien said they were cases occurring in ordinary practice as they came up.

Dr. McKown regarded the number of cases calling for mechanical interference as exceptionally large. Had practiced medicine five years, had had more cases than the number cited, and never had occasion to use the forceps. He regarded parturition as purely a physiological process, and excluding those cases of abnormal presentation in which it is physically impossible for labor to be accomplished naturally, so far as we interfere with we interfere with a physiological process. He was of the opinion that the condition of life modified parturition. He practiced in the country, his patients may not be so delicate, so fastidious, so nervous as those of his city brethren. In cases of rigid os uteri, he regards blood letting as good treatment in plethoric women, has almost abandoned ergot except in cases where he has reason to fear post partum hemorrhage, in which cases he gives a full dose just at the completion of delivery. In case of irregular uterine contraction he uses morphia freely with the design of arresting the pains altogether, and usually finds that after a variable interval, differing in individual cases, the pains come on all right and labor goes forward rapidly to completion.

Dr. Massie related a case of ante-partum hemorrhage. Used the probe and let off the waters when hemorrhage ceased. Forty-eight hours afterwards labor terminated. In placenta prævia would not wait until labor comes on but rupture the membranes and bring on premature labor.

EVENING SESSION.

At 8 P. M. the Society was promptly called to order by the President, who announced that propositions for membership were now in order. On motion of Dr. Massie, Dr. H. F. Harper of Merom, Ill., was reinstated a member of the Society.

The following offered by Dr. Massie was adopted :

WHEREAS, The medical profession are ex-officio the conservators of the public health ; and

WHEREAS, Certain practices have been instituted by our schools and colleges which are as sure to be followed by the physical break-down of the students who engage in them, as mental break-down is to follow prolonged mental strain, thereby bringing ruin upon its subjects and working loss to society by the wanton sacrifice of the promise of our country ; therefore

Resolved, That we enter our protest as medical men to the pernicious practice of boat-racing, and implore the faculty of our institutions of learning to discountenance all games which involve such severe and protracted strain upon the system.

Resolved, That we ask the secular press to give publicity to these resolutions.

Dr. Mitchell read a paper which consisted in an enquiry in regard to a new form or type of disease: An inflammation of the mucous surfaces, resulting in a series of aches, chills and fevers with prostration for a period of from two to six weeks. His ideas, views and treatment were presented at length.

Dr. Willien looks upon the disease as very similar to a pernicious form of miasmatic fever, he had traveled last spring—gives history of same cases.

Dr. Read sees nothing strange in the cases cited, he has seen them a thousand times. They are simply known forms of disease with certain modifications. Dr. Willien's cases were in a crowded school where the pupils were not properly fed or clothed and were worked to death. Nothing novel, simply a depressed state of the system and shattered nerves. The system needs

bracing up by tonics. Dr. Willien, however, denied the fact of his case being of this character.

Dr. Swafford thinks he can account for Dr. Willien's epidemic. It occurs just after the lental season. Thinks they were cases of gastro-intestinal catarrh depending on some of the causes which produce typhoid fever.

Dr. Mitchell explained his paper and was glad of his discovery. If it was an old thing to others, it was new to him and he wanted to know what the disorder was. He claimed no originality only wanted to acquire information.

Dr. Steele had been mostly fed in Illinois, and could not probably see things as well as those who fed so well. He found strange things in all his long practice. Small pox and other contagious diseases were all "strange" to him, he wished he could see all things as readily as others present, but he was not a deity. Dr. Read disclaimed the divinity part, but acknowledged the rest.

Dr. Massie spoke at length upon the near approach to typhoid fever of the type of diseases in his locality. Typhoid was very scarce until very lately. He had found diseases some years ago much resembling those described by Dr. Mitchell, but they are changing, he could not fix the type. He had held that there was no typhoid fever in Illinois, but it is approaching nearer that type. There is a disease which differs from typhoid and typho malarial fever, is neither of these nor is it bilious fever.

He considered the treatment to be Sub. nit. bismut, ipecac, application of blisters to the epigastrium. Whiskey does good.

Dr. McKown was also from the State of Illinois. He come here to learn, and he had learned to his astonishment, that there was nothing new. It may be true that there is nothing new under the sun, so far as the organic elements of matter are concerned, but new combinations are certainly being constantly discovered. It has only been within a few years, comparatively,

that we have had a classification of diseases based upon their pathology and clinical history. He was not prepared to say that new combinations might not produce new phenomena, was unwilling to admit that we had arrived at the ultimate limits of knowledge as to diseased action. If these cases presented nothing new or strange to Dr. Read, he would be very much obliged to the Doctor if he would tell the Society what they are. A classification is certainly important. Will he tell us whether they are typhoid, malarious or bilious fevers? He has only one criticism to offer on the paper. He understood Dr. Mitchell to say that in his judgment, the case was malarial. Does malaria, necessarily, cause inflammation of the mucous membrane of the intestinal tract?

Dr. Read thought it the result of a depressed condition of the nervous system and favored the use of mercurial remedies, in limited doses; he did not disapprove of the paper, but of the wonders of the paper. Good food is essential. The causes may have been the freezing, underfeeding, improper care of the person or system.

Dr. Mitchell disclaimed the idea of finding anything wonderful. It was simply a new thing to him, and Dr. Read's treatment was similar to his own.

Dr. Swafford said the paper treats of a new manifestation; what shall we call it? is the pertinent question; this aggregation of symptoms needs to be classified; shall it be gastric, catarrh, or placed among the old and better defined diseases? Typhoid fever depends upon a specific germ. These cases alluded to, he considered a modified form of typhoid fever.

On motion the Society adjourned to meet at 9 o'clock to-morrow morning, May 27th.

SECOND DAY.

The Society met promptly at 9 A. M. Dr. Johnson in the chair.

The Secretary read a communication from Dr. L. L. Todd, of Indianapolis, expressing sentiments of fraternal greeting.

A letter was also read from Dr. J. M. Hinkle, of San Francisco, Cal., explanatory of his present position. The Secretary also read a letter of invitation from the Douglass County Medical Society, Illinois.

Prof. John Link, of Terre Haute, then read his paper entitled, "Alcohol as an Anesthetic." The object was to show that alcohol was as effectual as chloroform, and far more safe. Chloroform is considered as highly dangerous by every careful surgeon. The paper was listened to with unusual interest and surprise, and after being received by the Society, the subject was open for discussion.

Dr. McKown regarded the paper as an extraordinary production. He would not pretend to deny that alcohol was an anesthetic, and a most powerful one too, but he was surprised to hear its use seriously recommended as such in important surgical proceedings. As to the mortality from chloroform he thought the Doctor was needlessly nervous, especially since according to recent recommendations, we use chloroform with ether and alcohol. In respect to the cases cited, he would like to know if other remedies had been tried to control spasm. He, contrary to Dr. Link, thought it was entirely possible for a man to die from narcotism produced by alcohol, knew that it often occurred as a matter of fact, and so far from agreeing with the Doctor that alcohol enabled men to stand more fatigue and exposure, he took the opposite view. Alcohol lowered the animal temperature, and it was Dr. Kane's experience in his arctic expedition, that his men stood the intense cold of those regions better on coffee than on alcohol.

Prof. Stevens of Indianapolis, made remarks complimentary to Dr. Link. Said that the Doctor's statements were more an account of his own experience,

which would have to be proven by general practice. He considered alcohol a good anesthetic, but thought it hard to control its action. Was in favor of chloroform because in all cases it was controllable, since its effects can be withdrawn at any time, while, after a man has been narcotized with alcohol, not even the stomach pump will relieve him.

Dr. Hays of Paris, Ill., has been in the habit of anesthetizing for the last ten years. It strikes him that it is not practicable to use whiskey, as so many are opposed to its use. Many would rather suffer the pangs of an operation than to take it. Dr. Link had failed to state whether alcohol would induce perfect anesthesia. Delicate operations on the eye required entire torpor and would fail if the patient made the least motion. Is strongly in favor of sulphuric ether and does not believe in a mixture with chloroform.

Dr. John Tenbrook, of Paris, Ill., was pleased with the paper, but did not accord with the theory advanced. Thought there were not enough cases reported to prove the adoption of alcohol. Had once used whiskey in removing a tooth, but the patient fell into a profound stupor from which it took him a long time to recover. He thought the use of whiskey to keep one warm, a humbug, as he knew of instances where it acted as a sedative reducing the temperature.

Prof. R. N. Todd, of Indianapolis, thought the ideas advanced by Dr. Link were new. He still believes in chloroform, especially in the practice of obstetrics, regards ether as troublesome to administer. The old-fashioned practice of using whiskey as stimulant and chloroform as an anesthetic he approved.

Prof. T. B. Harvey, of Indianapolis, thought that there were cases where we would wish, from the nature of the case, to use neither chloroform nor ether, and in such instances, would of course use alcohol, but did not think, on moral grounds, that it ought to be used as a substitute.

Dr. Spotswood was in favor of alcoholic stimulants.

Dr. Massie endorsed the paper. The secondary effects of whiskey is sedative. If it stimulates too strongly at first, he gives increased doses, and that produced stupor.

Dr. Steele endorses the paper, and, like Dr. Massie, used whiskey in his practice. He remembered the good old times when we had good whiskey and drank it. True, some got drunk, but it was on good whiskey.

Dr. Swafford heartily agreed with the writer. He had assisted him in one of his surgical cases and his faith in the new anesthetic was gaining strength.

Dr. Link explained his views more fully. He had taken stimulants purposely to test the matter; described its effects; was not a drinker, but used it as a test. He considers that the effects of the chloroform are permanent and highly injurious in many instances. The immediate effect of whiskey passes off readily, leaving no lasting influence.

AFTERNOON SESSION.

2 P. M., the President in the chair.

Dr. J. L. Hays read a paper as a report of two cases in surgery. The principal case being necrosis of the humerus, with operation. Specimens of diseased bone being exhibited.

Extensive discussion followed, participated in by many members of the profession.

Dr. Steele wished to know if by treatment the operations could have been avoided.

Dr. Miller said the cause was probably rheumatism.

Dr. J. S. Walker of Indianapolis, was invited to take part in the discussion. He thinks rheumatism does not cause disease of bone of this character.

Dr. Spotswood thinks it not necessary to make an early diagnosis; six weeks is the best cure for rheumatism.

Dr. McKown thinks the diagnosis might be differentiated by pressure on the humerus against the joint, which

would produce pain; and by a known rheumatic diathesis when such existed. The urine in this furnished valuable evidence.

Dr. Link presented the stump of a leg, and described a new method of amputation, with the after treatment. The operation is without flaps, and he urges that the sides of the wound should not come together.

The committee appointed to select subjects and writers for the annual meeting, reports as follows:

On Surgery—Dr. R. H. Bradley, of Marshall, Ill.; on Practical Medicine—Dr. P. A. Kemper, of Mattoon, Ill.; on Obstetrics—Dr. S. J. Young, of Terre Haute, Ind.; on epidemics—Dr. P. H. Barton, of Danville, Ill.

Dr. Willien read a paper entitled, "Empyema," complicated with pneumothorax, caused by a diagnostic error. The paper was an exhaustive statement of the case in all its bearings, with the treatment throughout. The result of the treatment was indicated by the patient being present perfectly restored to health.

Prof. Todd believes that these cases are far more frequent than is supposed, and that often the pus is located up in the chest, and frequently the patient succumbs without the proper diagnosis being made out.

Treatment—Constitutional, with iron, quinine and alcohol. Tapping the chest—any physician can do it, would tap early for fear of adhesions binding down the lung; describes the operation of tapping.

Dr. Spotswood thinks it would be better to use the aspirator in diagnosis, before using the trochar. The trochar is not without danger by reason of the admission of air. The paper was referred to the committee on publication.

The Secretary read the report of a case written by Dr. G. W. Albin, of dislocation of the spine, with recovery after reduction.

On motion it was agreed to publish the proceedings of this meeting in *The Indiana Journal of Medicine*.

Paris Ill., was selected as the place of holding the next meeting, which will be on the 17th and 18th of November, 1875.

The board of Censors through their chairman, Dr. Miller, reported favorably upon the applications of the following persons for membership, viz.: Dr. John L. Polk, of Arcola, Ill.; Dr. Samuel R. Gray, of Chrisman, Ill.; Dr. G. W. Crapo, of Terre Haute, Ind.; Dr. W. H. Roberts, of Terre Haute, Ind.; Dr. J. H. Watts, of Terre Haute, Ind.; Dr. S. C. Preston, of Terre Haute, Ind.; Dr. J. B. Armstrong, Terre Haute, Ind.; and Dr. W. M. Stevenson, Terre Haute, Ind. And on motion they were duly elected members of the Society.

The following persons in attendance at the meeting from Indianapolis, were on motion, unanimously elected honorary members of the Society, viz.: Drs. J. B. Hughes, Theophilus Parvin, R. N. Todd, Thaddeus M. Stevens, J. L. Walker, T. B. Harvey, G. W. Mears and L. D. Waterman.

EVENING SESSION.

The Society meet in the elegant parlors of the Terre Haute House, and after transacting the concluding business of the Society, the members, with invited guests, numbering about 200 in all, repaired to the large dining hall of the hotel, and partook of the banquet. It was prepared by the managers of the House under the auspices of the Terre Haute Medical Society.

MONTGOMERY COUNTY MEDICAL SOCIETY PIC NIC.

A medical re-union and convention was held in Crawfordsville on Tuesday, July 13th, at the building and grounds of Wabash College, under the auspices of the

Montgomery County Medical Society. Invitations had been sent to the neighboring counties which were of easy access by railway. Nearly one hundred physicians were in attendance.

J. S. McClelland, of Crawfordsville, delivered the address of welcome and was followed by a lecture on "Pain and Disease," by Theophilus Parvin, of Indianapolis. After this speech an adjournment was made for dinner, which was served in pic nic style. Through the kindness of the faculty of the college, the freedom of the grounds and buildings was unlimited, and the noon interval was spent in viewing the library, cabinet, polytechnic institute and beautiful campus. President Tuttle in behalf of the college, tendered the fraternity the use of the buildings for the next meeting. At the afternoon session, short speeches were made.

It was resolved to form an organization composed of fifteen counties. The following officers were elected to serve the ensuing year: J. S. McClelland, of Montgomery, President; F. G. Armstrong, of Carrol, Vice-President; W. L. Johnson, of Montgomery, Secretary; E. H. Cowan, of Montgomery, Treasurer; and one censor for each county, viz.: Wilson of Howard, Wishard of Marion, Adams of Clinton, Rose of Boone, Irwin of Montgomery, Cross of Putnam, O'Ferral of Tippecanoe, Ross of Warren, Leavitt of Vermillion, Watson of Fountain, Justice of Cass, Snyder of Carrol, McCune of Parke, Armstrong of Vigo and Graham of Hendricks.

It was resolved to call the organization "The Central Wabash Valley Medical Association."

The following preamble and resolution was adopted:

WHEREAS, At the last meeting of the Indiana State Medical Society, a new constitution was adopted by that body, which in the main, is formed in the interests of the profession of the State; but in our judgment, lacks certain elements which are essential to its success as an organization; therefore

Resolved, That the physicians of fifteen counties

assembled at Crawfordsville, recommend that said constitution be so amended, at the next meeting of the State Society, that *all* members shall be entitled to vote, hold office and take part in all the business of said Society. Members in the State Society, however, continuing their membership, only so long as they retain their active working membership in their respective County Societies, and that upon their forfeiture of their membership in their local Societies, their connection with the State Society shall cease to exist without further action being necessary.

Resolved, That a copy be sent to the Secretary of the State Society.

A resolution of thanks was tendered to the college faculty, and to Drs. Parvin and Stevens, for their addresses.

It was resolved that the President appoint delegates to the State Society, to be notified by the Secretary at the proper time.

The Mineral Springs of Crawfordsville were mentioned and discussed. Some of the visitors had tasted the waters and pronounced them good.

Thad. M. Stevens, M. D., of Indianapolis, delivered a popular lecture in the evening at Center Church; subject, "The Correction of Erroneous Opinions."

It was resolved to meet in Crawfordsville on the second Tuesday in June, 1876.

Reviews.

A CASE OF REFLEX NEURALGIA, associated with urethral contractions and a rare form of urinary sinus, with a description of the Cold-Water Coil. By Fessenden N. Otis, M. D., Clinical Professor of Genito-Urinary Diseases, College of Physicians and Surgeons, N. Y. Reprinted from the New Yew Medical Journal, February, 1875.

The following description of the "Coil," will enable

the practitioner to gain a clear idea of what seems to be a very efficient therapeutical means in certain inflammatory troubles, such as those of the penis, etc.:

“The apparatus which I have designated the “Cold-Water Coil” is formed of a line of the small-sized India-rubber tubing of one-sixteenth of an inch calibre, and six or seven yards in length. At the middle portion this tubing is coiled upon itself, so that, by half a dozen turns or more, it presents sufficient capacity to loosely encircle the entire penis or scrotum.

“This coil, with the length of tubing proceeding from it, forms an apparatus through which, on placing one extremity of the tubing in a bowl or tumbler of ice-water, exhausting its contained air (by suction, or by drawing the tube through the finger,) a siphonic current is established through the coil. The discharge-pipe being placed on a lower plain than the water-supply, the current may be kept up until the vessel is emptied.

“The rapidity of the flow can be regulated either by raising or lowering the end of either tube, which is the simpler plan; but the more convenient one is by a tapering, double silver tube, attached to the discharge-pipe, a sponge being fitted to the inner tube. This sponge, when the inner tube is pushed down into the smaller end of the outer tube, becomes compressed and gradually obstructs the flow of water, until not a drop will exude.

“By means of this arrangement, I have been able to apply cold to the penis or scrotum continuously and conveniently both to the patient and myself.”

REPORT OF THE HEALTH OFFICER of the City and County of San Francisco, for the fiscal year ending June 30th, 1874. Henry Gibbons, Jr., M. D., Health Officer.

From this report we quote as follows :

“The increase in the mortality from constitutional affections is marked. It is partly due to the fact that a much larger number of Chinese were certified to have died of consumption than in the previous year.

“In ordinary states of the public health in San Francisco, zymotic diseases carry off about one-fifth of those who die, or between four and five per thousand of in-

habitants, annually. This is decidedly a smaller rate than usually obtains elsewhere. In New York and Chicago the number is about nine for each thousand of inhabitants; in the English towns it is over six, while in the other cities mentioned in the table, excepting Philadelphia, which as has been said before, is undoubtedly one of the most healthful of the larger cities of the world."

TRANSACTIONS OF THE AMERICAN OPHTHALMOLOGICAL SOCIETY.—Tenth Annual Meeting. Newport, July, 1874. Wm. Wood & Co., New York.

This is a pamphlet of 274 pages, filled with valuable material. Among those contributing articles are H. D. Noyes, M. D., New York; E. G. Loring, Jr., M. D., New York; B. Joy Jeffries, M. D., Boston; C. R. Agnew, M. D., New York, and W. F. Norris, M. D. The latter gentleman who writes upon Optic Neuritis, has his article finely illustrated with colored plates. Dr. J. F. Noyes of Detroit, Michigan, gives a "New Method of operating for Strabismus," from which we extract—

"Essentially the main points or features which are new in the method now proposed may be stated as follows, viz.:

"1st. The correction of the deviation or squint is made only on one eye and by one operation, and is effected without disturbing the point of insertion or attachment of the tendon on the ball.

"2d. The tenotomy is made on the opposing or elongated tendon.

"3d. The shortening necessary to correct the squint or deviation is made by lapping the ends of the divided tendon, and is applicable to all cases."

ON FUNCTIONAL DERANGEMENTS OF THE LIVER.—Being the Croanian lecture delivered at the Royal College of Physicians in Munich, by Charles Murchison, M. D., LL. D., F. R. S. Wm. Wood & Co., New York.

This is a work that all should have who pretend to correct and modern views upon this important subject. It treats first of the functions of the liver in health, then its derangements, with causes and treatments of same.

The subject is treated of fully both historically, pathologically and therapeutically, and in a scientific and practical manner.

FIFTH ANNUAL REPORT of the Secretary of the State of Michigan, relating to the registry and return of Births, Marriages and Deaths. for the year 1871.

This is another of those valuable annual reports, a former one of which we noticed some months since in this Journal. Dr. Baker, the efficient and untiring Secretary of the Michigan State Board of Health, is in reality, the "power behind," that works up the facts and material therein embodied. The whole is systematically arranged, and after a few years, will present the means of most valuable general deductions as regards the laws governing births and deaths in their various relationship, as also the economic and business phrase connected with the increase and admission of population, etc. When shall our own State ever *commence* a similar work?

LECTURE ON DISEASES OF THE RESPIRATORY ORGANS.—

By Alfred L. Loomis, M. D. Wm. Wood & Co., New York.

These are lectures delivered in the Medical Department of the University of the City of New York, to the class of 1874.

A REPORT OF THE HYGIENE OF THE UNITED STATES ARMY, with descriptions of military posts. Washington 1875. Quarto, pp. lix, 567.

This valuable work contains reports from the various posts occupied by the army, and an introductory report to the surgeon General, by Assistant Surgeon Billings. The subjects treated of embrace the habitations of the soldiers, including barracks, quarters, and guard-houses, with their appendages, the food of the army and its preparation, the clothing distributed to the soldiers, and the hospital and medical supplies furnished for their treatment in sickness. A vast amount of information, drawn

from foreign sources and the experience of our own service, is given, and it is a matter of public congratulation that the country has an army medical corps equal to the solid and efficient work which this volume indicates.

Editorial.

A PLAN FOR UNION AND HARMONY!

Certain resolutions which will be found in the transactions of the Montgomery Medical Society, published in this number, were passed by the Rush County Medical Society, at its meeting July 8th, 1875, and by the physicians of fifteen counties, assembled at Crawfordsville, on the 13th. Whether this is the "right thing" or not we do not undertake to say, for indeed we care very little about it, except that we wish to see *Union and Harmony*. The essentials that either side claim seem to be retained in these resolutions. 1st, the absolute necessity of county societies. 2d, the enjoyment of all the privileges by all members. We are opposed to amendments when they can be avoided, but just as the re-organization is taking place is the time if ever when they are appropriate. There is one feature that the State Society *must* adopt at its next session, or else be crippled as heretofore, that is the formation of a *judicial council*, similar to what is found in the American Medical Association, by which all matters in controversy shall be considered, all applications for membership shall be submitted and acted upon, they in fact, acting as a board of censors with enlarged power, *their action to be final*, save only subject to an appeal to the National Association. This last feature is a most important one. With the old-fashioned way of a board of censors, who consider subjects in controversy and refer

by report the theme discussed back to the society, nothing good was accomplished; it has been tried again and again and as often failed, for one of several things happens when such reports are considered by the body of the society—either they act as a rabble and make “confusion worse confounded” or they refuse to consider the report and lay it “upon the table,” thereby simply ignoring often the most important subjects, or by “ways that are dark,” the wrong prevails, and testimony, law and justice all ignored, great injury is done. The truth is the body of any society, is, when considering such subjects, but a rabble from which nothing can be expected, worse by far than a “trial by jury,” and that jury composed of asses. Rather than submit our cause to such a rabble, we would at once abandon the Society, for its end is certain, and an evil one it will be. Now with these several amendments to the new constitution we see no reason that Unity and Harmony will not prevail, and also that justice and order may take the place of misrule. It is of the utmost importance that harmony should exist within the ranks of the profession. Pacific must be our own forces before we can successfully withstand the enemy. In olden times when barbaric hords devastated the land, the feeble and defenceless retired into walled cities, or by bands of armed knights were protected. Worse than barbaric hordes or beasts of prey or disintegrating forces of nature are the evils that surround us and the ills that we are called upon to urge battle with. Let a promise be made by each one, a promise that shall be recorded by the ever listening intelligence above, that in our union there *shall* be strength, and in our harmonious workings their shall be both beauty and power. It is true that compromising with *evil* is not only wrong but disastrous; but a compromise is not necessarily *either wrong or disastrous*. There is good often upon both sides. Combine these into a compromise measure, and the result is always favorable. “Let

us have peace," but with it power and unity, not division and weakness.

If these amendments don't seem sufficient to cover all objections, let us remember that by this we all have a right to vote, and when this privilege is gained it will be our own fault if any wrongs continue. Upon the other hand, if some think that by doing away with the delegate system they relinquish too much, let such remember that they still retain the vital point, viz., the encouragement of local societies in every county, and also, that by *forming the judicial council*, by whom all subjects of importance are considered, the necessity of delegates are in a great measure done away with, for surely the great plea for delegates is that they, the smaller and more compact body are by such fact rendered more competent to transact business, than a large and promiscuous assembly. At the same time there are objections to delegates, the most important of which are found in the practical workings of the system, more than is shown by *a priori* reasoning, for such delegates from the county societies will be in a majority of cases composed by sending up the new or younger members, thus rendered them more unfit to transact business than the older and more experienced. But apart from this, let the delegates be what they may they will of necessity in nearly every case, be changed each year, "new swarms" will arrive, and like an ever changing State Legislature, they will "do and undo" until disgust and discord will take the place of enthusiastic working. We no doubt run the risk of offending both belligerent parties in thus, even in a faint way, favoring a compromise, but we never stop in our expression of affairs for such motives; and again, these second parties must remember that we don't care what they do so they don't create confusion in the State. We *must* have union if we have strength, and as far as we are concerned we shall do what we can to assist.

THE Smithsonian Institution desires to secure as complete a collection as possible to illustrate the Ethnology of the United States at the International Exhibition to be held at Philadelphia in the Centennial year of 1876. This will form part of a Governmental display to be made in accordance with the act of Congress of March 3, 1875, and the Executive Order of March 5, 1875.

For this purpose the Institution solicits from its friends and correspondents, and all interested in the completeness of the display, whatever specimens they can furnish in the way of objects of stone, bone, earthenware, &c., to include such articles as axes, chisels, fleshers, knives, hammers, pestles, mortars, scrapers, smoothers, polishers, sinkers, spindles, pipes, tubes, vessels, or vases of earthenware or soapstone, both entire or fragmentary.

All specimens should, as far as possible, be accompanied by an invoice and statement of the circumstances under which they were collected, whether in a mound, a grave, or found on the surface; with the exact locality, collector, etc.

The specimens may be sent by express or mail, or, if in any large bulk, by railroad conveyance, and their transportations will be paid for on their receipt in Washington, to which place they should be forwarded addressed to the Smithsonian Institution.

At a meeting held in Cambridge City, on Thursday, the 8th of July, with thirteen physicians present, the Wayne County Medical Society was organized under the form of constitution recommended by the State Medical Society. The officers elected for the ensuing year are as follows: J. Pennington, M. D., of Milton, President; R. J. Haughton, M. D., of Richmond, Vice-President; A. T. Buchanan, M. D., of Cambridge City, Secretary; S. S. Loyd, M. D., of Dublin, Treasurer. Drs. E. Hadley, of Richmond, C. N. Blount, of Hagerstown and I. F. Sweeney, of Milton, Censors.

Miscellaneous.

A PLEA FOR THE JEWS.—No problem in sociology is more interesting than that of the position and characteristics of the Jewish race. Attention has lately been called to some of their special social relationships in an article in the *Jewish Chronicle*. Amongst the interesting facts mentioned, is that the proportion of male children born is greater than among Christians in the same localities. The excess of male births among the Jews is said to amount to 18 per cent., while among Christians it is only $6\frac{1}{2}$ per cent. Nevertheless, if all ages are compared, there is a much greater excess of Jewish females than among the Christian population, and this seems due to the greater longevity of that sex among the Jews.

The health of Jews is, as a rule, remarkably good. They suffer in a very slight degree from hereditary diseases and from prevailing epidemics. Dr. Stallard pointed out years ago their immunity from scrofula. No doubt their intermarriage, the race being pure, has some influence in excluding extraneous sources of hereditary disease. Their freedom from prevailing epidemics has frequently been recorded with reference to plague, typhus, intermittent fevers, dysentery, and cholera, and no doubt it is to be ascribed in great measure to the greater care with which they observe some hygienic precautions. Their poor are not, however, remarkably cleanly in their habits, and suffer much from such diseases as ophthalmia and many skin diseases. The average longevity of Jews is asserted to be, in consequence of various causes, greater than that of Christians by about five years. If this fact be substantiated by wide and careful statistical information, it is of great importance with regard to life insurance, and Jews should be admitted at a more favorable rate than Christians. No doubt this greater longevity is in part due to the great care which Jews exercise over

their children, their poor, and their infirm. Among the Jews these rarely escape careful tending, whereas among the rest of the population they are too often allowed by neglect to become the prey of disease and death. Another cause, to which no small influence must be ascribed, is the circumstance that the callings of Jews are rarely such as involve great hazard to life. The occupations which involve the largest mortality—publicans, butchers, bakers, miners, laborers among dangerous machinery—are never followed by Jews, because incompatible with the due observance of their Sabbath. They follow occupations which allow them freedom, and as a rule choose some department of trade. This fact alone will go a long way towards explaining their comparative longevity, the average life of tradesmen being ten years longer than that of laborers in large towns.

EPIDEMIC OF MISCARRIAGES.—Dr. Van Bibber, Jr., asked whether there was an epidemic of abortions at this time. His father had attended six cases in ten days.

Dr. Lynch said that in Alabama in 1863, in the region in which he lived, nearly every pregnant women aborted. There was no malarial to produce it, nor was the season particularly unhealthy. Every women that had intermittent fever, and many that had not aborted. The tendency was so marked that cathartics had to be used very cautiously in the treatment of diseases.

Dr. Arnold said that epidemics of abortion are to be ascribed to moral causes. During the bombardment of Paris, nearly every pregnant women miscarried, and the same was the case during our civil war. Religious or political excitement was likely to produce them.

Dr. Noel asked if the financial depression present at this time could act as a cause.

Dr. Arnold thought it could. What do we know of the secret history of families? and women suffer more than men from these things.

Chemical.

LEAD IN PORTABLE WATERS.—Public attention has lately been drawn, by some painful cases of diseases and subsequent death, to the danger of drinking water containing lead, and as there can be no doubt that leaden pipes and cisterns are still used to a great extent for the conveyance and storage of water, it becomes a matter of great importance to ascertain under what conditions water so conveyed or stored becomes impregnated with the metal in sufficient quantity to be injurious to health and life.

The general impressions amongst chemists has hitherto been that soft water has the power of acting upon lead, whilst hard water fails to do so; but it has been proved that the very soft water of Loch Ness had no effect upon the metal after passing through it for six years, and experiments upon other waters of an equally soft character showed that they remained unaffected after long contact with lead.

There are, however, certain conditions under which water is found to take up an appreciable quantity of lead, and one of those conditions is the presence of oxygen in the water.

There is, however, one very simple method of guarding against lead-poisoning, and that is filtration. It is well known to chemists that charcoal, in some forms, has the property of decomposing the salts of lead and rendering them innocuous. Advantage has been taken of this principle in the manufacture of the silicated carbon filters, which so completely removes lead from water that the most delicate chemical tests fail to detect the slightest trace after filtration.—*Chemist and Druggist*.

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REPORT ON OBSTETRICS.

BY LEON J. WILLIEN, M. D., OF TERRE HAUTE, IND.

Read before the Semi-annual meeting of the Æsculapian Society,
May 26th and 27th, 1875.

The report which we are about to submit to you, is one which cannot be treated with justice, as the field of observation is inexhaustible. We therefore only give you a statistical report of cases passing under our observation, and a practical review of the same regarding the causes to dystocia only, relating to the uterus, the membranes, the vagina and perineum. In most cases labor may be physiological in its cause, and preternatural in its progress.

Then we also find by many gynæcologists the doctrine advanced, that parturition is the grand moving cause of uterine disease. Part of this assertion may be admitted as true, but such cases are rare. We do not altogether reject that theory, yet we claim that taking into close consideration the many impediments to labor, we must favor the contrary opinion; that is, in the majority of cases, uterine diseases are the grand moving

cause to dystocia among women of our days. We find parturition the grand moving cause of uterine disease, when dependent on some anterior germ of disease of either scrofulous, tuberculous, cancerous or syphilitic diathesis, their development being brought on by endemic, inflammatory, or traumatic causes. The uterus in vacuo is more or less in a dormant state, excepting at the time of menstruation, when a passive congestion takes place, which is the consequence of ovulation considered as a physiological phenomena. Menstruation, although a physiological act, may assume certain pre-natural complications which may develop some pathological conditions of the womb or ovaries, that will sooner or later become the cause of a pre-disposing disease eventually affecting parturition by a diseased condition of uterine fibres. The causes leading to such maladies are numerous: The chloro-anemic condition of the blood, consecutive to some endemic disease; the impudence in dressing and exposing the body to cold and damp air after leaving a well heated apartment: the arousing of passions prematurely: sudden changes in the habits of life; the illicit use of astringents in order to decrease the catamenial flux; the excitement in the ball room, and sudden transitions into a colder atmosphere; injections with cold water, or other nostrums immediately after coitus; the abuse of ecboles, and various other criminal manipulations resorted to by women of our days. All such causes pre-dispose the uterus to disease which will only make its appearance as soon as that organ is called upon for gestation. We then only find it a secondary cause to gestation, and direct as to dystocia. As we have already stated we must take into serious consideration heredicity to some constitutional disease; before all, the acute and chronic disease before gestation, and lastly the causes to dystocia from uterine diseases incurred after parturition. Again, if gestation were or is the grand moving cause

to uterine disease, then why do we find so many invalid maidens, many of whom regain their previous good health after marrying and giving birth to healthy children? To answer this question is beyond the subject we are treating, and we shall therefore pass on to the proper subject.

The statistical report we here present is on two hundred and four cases, from May 1866, to October, 1874.

Of American Origin.....	97
Of Foreign ".....	107
Total.....	204
Males	102
Females.....	214
Total.....	216 Children.

PRESENTATIONS.

Cephalic	{ 1st position.....	174
	{ 2d ".....	1
	{ 3d ".....	5
	{ 4th ".....	10
Breach	{ 1st position.....	10
	{ 2d ".....	2
	{ 4th ".....	1
Shoulder	{ 1st position.....	2
	{ 2d ".....	1
Face—4th position.....		1
Tripplets—Females.....		1
Twins.....		5
Funis around neck.....		33 times.
Prolapsus of the cord.....		4 "
Forceps applied.....		33 "
Still-born Syphilitic.....		2
Congenital hydrocephalis.....		1
Ascitic.....		2
From protracted labor.....		4
Total.....		9
Double hair lip with cleft palate.....		1
Hemorrhages during gestation.....		6
" after delivery.....		11
Convulsions Hysteri form.....		2
" puerperal tetanic.....		1 died
Puerperal Fever.....		1 dead.

The impediment which we observe during labor were caused :

- | | |
|------|---|
| 1st. | On part of the constitution. |
| 2d. | “ “ uterus. |
| 3d. | “ “ os tincae. |
| 4th. | “ “ perineum. |
| 5th. | “ “ premature rupture of the membranes. |

The impediments on the part of the woman, arise from some constitutional condition, coming from diathetic taint, or the pre-dominary temperament, whose influence bear directly on the uterus during gestation and labor pre-dispose it to the following pathological condition :

- I. Congestion.
- II. Irritation.
- III. Inflammation.
- IV. Spasmodic.
- V. Rheumatic.
- VI. Tetanic.
- VII. Atonic.
- VIII. Hyperæsthetic.

To make a minute study of all these impediments to labor, would be repeating many points already detailed by most of our authors. We will only state here the treatment we have used to overcome such complications and obtain a safe and hasty delivery. Only one case of true uterine congestion came under our observation, which is the following :

Mrs. S., aged 34 years, tall, sanguine, nervous temperament, dark complexion, and of a robust constitution, had always enjoyed good health. Found her in labor with the eighth child, on the morning of the 25th day of March, 1868. She stated that uterine contractions had made themselves evident since one o'clock in the morning. Her face was turgescient, skin warm and covered with perspiration, breathing heavily, pulse regular, full and hard, nervous system well developed. Uterine contractions hard, of short duration and non-expulsive. Vaginal exploration revealed the vulva, the mucous surfaces very turgescient and dry. Os-tincae slightly dilated, hard and engorged edges not yielding

to digital pressure. Saline laxatives, ipecac internally, and warm applications to abdomen, with belladonna suppositories to os, and anodyne enemias per rectum were inactive in their turn leaving all in statu quo. After four hours patience, we resorted to the lancet and allowed the blood to flow until the patient felt weak, and inclined to nausea, which was followed by vomiting, about eight ounces of blood having been taken. Upon exploration we found the os dilating rapidly, and all ended well within one half hour from the time the vein was closed. The child being strong and healthy, of the male sex, weighing twelve pounds. The patient made a hasty recovery.

Irritation.—Labor retarded by uterine irritation were traced by us back to the very beginning of pregnancy and some even prior to marriage, accompanied by former leucorrhœic discharges or uterine engorgements consequent to malarial influences or constitutional diathesis. The free evacuation of the bowels by enema, Dovers' powders and quinine internally, belladonna suppositories to os if seated in its circular fibres, enema with tr. of opium. Anodyne liniments over the abdomen. The rupture of the membranes in case of their resistance, and always the forceps when caused by too long a retention of the head in the lower strait.

Inflammation.—The pains are accompanied with abdominal tympanitis, high fever, quick and full pulse, with a very hot and dry skin, great thirst. Fortunately few cases have passed under our observation, and then only caused by malarial influences, yielding very readily to sedatives and sulphate of quinine.

Spasmodic Contractions.—In these we found an excited and vibrating pulse, sometimes very depressible; skin cool and extremities cold and moist. Contractions irregular, and rigid os during the same. Antispasmodics, such as elixir valerianate of ammonia, valerianate of quinia, bromide of potassa or of ammonium. Anodyne

enemas and belladonna suppositories. Herewith we will cite three cases of labor with the same patient.

Mrs. A., aged 34 years, medium size, lymphatic-nervous temperament, of a robust constitution, was delivered of her tenth child on the 30th day of May, 1867, the contractions being spasmodic during the space of ten hours. Found membranes ruptured before dilation of the os. The patient was troubled with flatulency and irksome eructations. Extremities cold, great restlessness, pulse frequent, 100 per minute, and weak. Os dilating slowly with head engaged in inferior strait—1st position. Ordered comp. spts. sulph. ether 1 dr. in a little sweetened water. belladonna suppositories to os, and enema with tr. of opium xvi@xx drops to 4 oz of liquid. In two hours from that time the patient became calm and was hastily delivered.

On August 19th, 1869, we were summoned for the second time to the bedside of Mrs. A., in labor with her 11th child. The same symptoms recurring as above described, with the exception of the intact condition of the membranes. We had recourse to the same treatment followed by the same favorable result.

In case No. 147, we again find Mrs. A. registered on the 12th of March, 1872, and about to give birth to her 12th child, which ended with the same flattering results.

Rheumatism.—We have most frequently found rheumatism of the uterus during the three last months of gestation, and it has often been mistaken for preternatural labor pains. Those pains are, however, discerned from the other affections by their periodicity; the former disappear with atmospheric changes, more apt to attack chlorotic and nervous women predisposed to some rheumatic diathesis. The rheumatic pains exist sometimes all over the uterus, at other times again it attacks only one side or the cervical portion alone. Pressure on the uterus is painful, its walls are hard, without any symptoms of fever whatever: the os is soft and dilates during con-

tractions, but closes as soon as the pains cease. The ammoniated tincture of guaiacum, iodide of potassium, sulph. of quinia with Dovers' powders, four or five grains of each repeated every three or four hours. Stimulating liniments and dry cups will bring on relief before many hours.

Tetanic.—Tetanus of the uterus is very often mistaken for wild labor pains, and then comes the time when the patients are drowned with pepper teas, either black or red, and so injurious afterwards. At other times the woman is left without any assistance, lingering for hours, while perhaps a little therapeutical intervention would shorten many hours of pain and of anguish. Nervoso-lymphatic temperaments are predisposed to it, and nearly always the circular fibres of the os and perineal muscles are found rigid; there are no signs of pressure during contractions nor advancement of the fetal parts. The most efficient remedies are the application of extr. belladonna to the os, and enema with tepid water, about 6 oz to 20 or 30 drops of tincture of opium; chloroform has often proven satisfactory, although we acknowledge our temerity in recommending it, giving opium at all times the preference.

Atonic.—The atonic condition of the uterus, is most frequently met with in strumous temperaments, and women convalescing from some protracted malarial fevers or chlorosis and relaxed abdominal walls. Stimulants, ergot, dry frictions over the abdomen, titulations of the os; when contractions have begun they may be assisted by compressing the abdomen with a wide towel, and thereby assist pressure. When the os is dilated, membranes ruptured and the head engaged in the inferior strait with a rigid perineum, which not often occurs in this case, we apply the short forceps. Of late electricity has been successfully applied; with a battery at hand, we would not hesitate applying it.

Hyperesthesia.—Is a general nervous irritation of the

whole system, wherewith the uterus participates during labor, especially when the latter is protracted. Chloric ether, or elixir, valerianate of ammonia, with other stimulants quickly relieves it.

We also often met with a protracted labor from flatness of the membranes or their resistance, even after the os was effaced and nearly dilated, and thereby brought the vis a tergo to no state of advancement. The remedy was to rupture the membranes, and if we found the os inclined against the sacrum, and reached with difficulty, the woman was turned on her side, and the parts being easily reached we brought down the os with the finger in crochet shape during a contraction and maintained it there until the head had been well engaged.

The last cause to retrieve the natural progress of labor, we attribute to the perineum, especially in primipara and very obese women, on account of its rigidity, or from parts of the fœtus pressing against it, causing an enormous tension upon its surface. We consider this resistance as the great cause of protracted and exhaustive labor, which prostrates the strength of the mother, and oftener compromises the life of the child. At that point when we are most apt to relieve all anguish and shorten suffering, where interference is safe and legitimate, by using the forceps to the greatest advantage; least injurious to mother and child. At that moment many a one sits down and jokingly gives the following encouragement to the impatient sufferer: *Grin and bear it, madam, drink your hot pepper teas, for nature must take its course.*

We have always paid the strictest attention in having the rectum well evacuated with free enemata, belladonna suppositories, or the application of warm cloths have overcome the resistance, and if these failed, we took the forceps, with which we were always sure to succeed. In preference to incisions of the perineum as recommended by some authors, we owe the health of many a mother.

and life of many a child to the early application of the forceps, notwithstanding the calumnies brought against accoucheurs, advocating the free use of the forceps by professional men, as well as an ever suspicious public, whose minds are kept in constant dread when they see a physician entering a house with an obstetric case. Such flies through the neighborhood like a storm, and we are sorry to say, that their chimeras are nursed by some uncouth professional men, who, from incompetency do not know the mode of using such instruments, or for fear their interest is at stake. Gentlemen, no true and well read physicians will dispute facts based upon unerring proofs. Ancient authors, and modern ones, are strictly opposed to any early interference, especially with the forceps. They object by saying, that labor is a physiological process, and must be respected except in extreme cases. But labor is only natural when a woman is hastily delivered with safety both to herself and child; and all other labors are looked upon as preternatural. Dr. Wallace of Philadelphia, says, "we see cases of arrest of the head by a too resistant perineum, the pains diminishing in frequency, duration and power, put on the forceps make a little extension and see how quickly and how easily the head will be born." We should certainly do our duty by the patient entrusting herself into our hands, and do all that is in our power to relieve her of distress. Colombat, Tyler Smith, Cazeaux and Bedford, all advocate the free use of the forceps. Often you hear entreaties from outsiders, oh do wait, one hour or fifteen minutes! Oh no not fifteen seconds, for the life of a child may be suspended in a second.

Our method for applying the forceps needs little and sometimes no preparation. We slide the woman to the lower end of the bed, far enough until her feet can press well against the footboard, or else we have an assistant to press against the knees, keeping them apart. A straw

pillow, or a cotton quilt folded, is slipped under the nates in order to elevate the pelvis for the purpose of introducing the blades of the forceps with more facility; this accomplished we turn the patient on either side, with the thighs kept apart by means of pillows, and then make tractions during contraction. Our patients never felt alarmed, and some of them were not even aware that the forceps was applied. The instrument we use is Wiegiers' invention, of the city of Strasbourg. It is easily handled, measures 11 inches in length, and the width of the blades measuring $2\frac{1}{2}$ inches. Articulates on the same principle as Dr. Davis or Elliot's forceps. Its size makes it of easy application and entirely harmless to the mother and child. We have but one reproach to make to ourselves, that is to the timidity we had in not applying it oftener during the first year of our practice.

Immediately after the delivery of the child, we seize the uterus in full hand and make moderate frictions in order to favor contraction, and thereby an early expulsion of the placenta; this being removed, we remain seated by the accouchee, keeping our hand upon the uterus at least during the space of one half hour, never leaving the room before the lapse of one hour or more, for by this means many a post partum hemorrhage can be prevented or checked at its debut. The woman being now in a puerperal condition, it is our duty to try and keep her in such, and to ward off any pathological complications which may arise from direct or indirect causes, from either epidemic, endemic or infectious origin. We give two grains of sulph. of quinia every two hours until 24 or 30 grains have been taken; we sometimes combine Dovers' powders, bromide or chlorate of potassium. In excessive thirst with strong after pains, a strong lemonade, or if lemons cannot be had, citric acid will answer the purpose. This is a very pleasant draught during the warm seasons, and relieves the too

severe uterine contractions without relaxing its fibres. If the uterus is painful on pressure, with a sensation of heat about the pelvis, we give an anodyne enema with a decoction of flaxseed, or the following liniment, which has proven very efficacious.

R Tr. Opii.
Tr. Camphoræ.
Spts. Terebinthie.
Spts. Lavandulæ comp.
Ol. Juniperi, aa ʒi.

M. Saturate cotton with same and apply on the uterus, repeating it every 3 hours.

We have often in our practice met with severe cases of tympanetis before or immediately after delivery, with more or less pain, and yet without febrile excitement. This has never been the cause of alarm to us, since it is readily brought under control with warm camomile poultices and some carminative liniment. If local means failed, an emulsion with the spirits of turpentine and elixir paregoric soon produced the desired effect.

Lochia.—To recall suppressed lochial discharges, we found nothing more serviceable than sulph. of quinine with tr. belladonna and bromide of ammonium, with external anodyne applications. When the retention was accompanied with more or less abdominal tenderness and febrile excitement, we ordered the following potion:

R Potass. Oxalatis, gr. v.
Aquæ Menth pip.
Syrup Simplicis, aa ʒiij.

M. S. One teaspoonful every 2 or 3 hours. After the half of this potion was taken the lochia reappeared.

This report being already too lengthy, we will bring it to a close, after making a few remarks on hemorrhage.

The cases of uterine hemorrhage after delivery occurred with women who had been delivered previous to our arrival, or who had been over stimulated with some old grand-mother's teas, and when labor had been long

and tedious, or through the chloro-anemic condition of the patient. In cases previous to labor, we have sometimes found a partial detachment of the placenta, one occurring at the sixth month, causing miscarriage, a full history of which was ordered published by this Society, in the *Chicago Medical Examiner*, August, 1874. Another case we observed from partial placenta prævia * *

We are fortunate in having no deaths to record from the above mentioned accident. We might have a great deal more to say in the report we have undertaken to present to you, for the attention given to the breasts and a few remarks on their treatment is worthy our serious attention and study. It would take too much time to include it in this paper, and shall with your consent make it a special study in the future.

EXANTHEMATOUS INFLAMMATION OF MUCOUS MEMBRANES.

Read before the Æsculapian Society, at Terre Haute, May 26, 1875.

BY J. D. MITCHELL, M. D., TERRE HAUTE, IND.

I propose giving a brief account of a disease affecting the mucous membranes of the alimentary canal, particularly the stomach and mouth, and sometimes all the mucous linings at the same time; and so far as I have been able to learn, not classified in our medical works. The first cases coming under my observation, was near Darwin, Ill., in the spring and fall of 1873. Since removing to Terre Haute, my partner, J. E. Link, M. D., and myself, have treated a large number of cases. He informs me that he treated a large number of cases in the fall and winter of 1873, and he had some cases on hand when I came here, in March 1874. In this report I have no reference to typhoid fever, which prevails to

some extent in the elevated clay lands of this country, where we have dry summers and falls. At first, I was inclined to class this disease with typho-malarial fever, (if, in fact, there is any such disease as typho-malarial fever,) but I am satisfied that it does not belong to the typhoid fevers, as they are described in the books.

The symptoms are about as follows: After complaining of indisposition and lassitude for two or three days, sometimes several days, with more or less pain, either in the back, neck, shoulders, sides, hips or some other part of the body, or nearly all of these localities at the same time, there is light irregular chills, lasting but a short time, with but little fever following. They often have two or three chill paroxysms a day; or miss a day without chill, and have one or more the next day, coming on at no regular periods. And this irregularity of chill paroxysm, in the more severe cases, continues throughout the course of the disease, or until a favorable change takes place. The more mild cases have no perceptible chills, but instead, short paroxysms of severe pain in different parts of the body. Pains in different parts of the body, apparantly nervous in character, manifest themselves throughout the entire course of the disease. In all the well marked cases, there is a constant pain or soreness or both in the epigastric region, increased on pressure, and generally more or less pain or soreness in the region of the spleen. The febrile excitement does not run high. The pulse is generally from 85 to 110, rather soft and compressible. The temperature in two cases was 100 to 102 F., taken from the tenth to the fifteenth days of the disease. In mild cases there is little or no febrile excitement. There is generally prostration of the vital powers, and mental depression; the patients showing little concern about themselves or business affairs. Strictly speaking, there is no delerium or coma, but short periods in which the patients are mentally deranged, but more of a nervous or hysterical na-

ture than true delirium. The voice is often low and moaning, indicating more of a distressed condition than that of acute pain.

In the early stage, there is bright red strawberry granules on the tip of the tongue, or a beet redness of the tip and edges. This granulated appearance gradually spreads over the whole surface of the tongue, tonsils and pharynx. In mild cases this is seen on the tip and forepart of the tongue. It often assumes a raw-beef like appearance. These appearances of the tongue are always present, and are pathognomonic of the disease. The tongue is moist and has no coating—it rarely becomes dry and slick, and never brown, as in typho-malarial fever. Very rarely the tongue has a light coating, and the red granular surface is seen beneath the coating.

In the more severe cases there is an inability to take any thing by the mouth without distress and vomiting. The act of swallowing often produces distress—all medicines, water, and every substance however mild will not be tolerated. The bowels are not constipated—there is no diarrhea continuing for any length of time; there is often a run off at the bowels lasting a day or two only. There is little or no distention nor tympanitis of the abdomen. In the more severe cases there is pain and soreness over different parts of the abdomen, extending to the rectum and anus, probably an indication that the inflammation is extending from the stomach along the intestinal tube, and this would be inferred from the irregular chills in the course of the disease. There is generally a troublesome cough, without expectoration. The lung symptoms are not prominent and are wanting in the milder cases. The disease is most common to adult age, but does occur in children; I have thought adult females more liable than males, but of this I am not certain. They are nearly always attacked at or near a menstrual period, or when there is menstrual derangement. It is more common on the up-clay-lands than on the sand lands or in the city of Terre Haute.

The duration of the disease, is from one to six weeks; the average from two to four. As to its cause: most likely it is malarial in its origin, a concentrated, modified malarial poison, affecting the mucous membranes to a condition of inflammation, instead of producing the ordinary remittent fever. It is no more difficult to tell how malarial poison will cause inflammation of a certain character, than to tell how it produces intermittent or remittent fevers. The only difference is, we know more about the latter, because it is more common. The disease under consideration partakes more of the nature, perhaps, of a disease, which, for the want of a name, I will call *earth fever*, so common in localities where large quantities of new earth has been exposed to the sun and air, as in the excavations of railroads, canals, cellars, etc., than of our typhoid fevers. But no such causes, as far as known, operated to produce the disease as I have observed it. It is well known to practitioners in this country, that our malarial fevers, occurring on the up clay hilllands, assume more of a typhoid character, and are more likely to affect the alimentary canal, than in level and marshy districts. Why this peculiarity of inflammation of the mucous membranes within the last two or three years, is not so easily accounted for.

Just what the precise pathological conditions in this disease are, is not known, as we have had no post mortems. Of some forty or fifty cases treated by Dr. Link and myself, there were only two deaths, and they were complicated with other diseases. We have no accounts of its prevalence in other parts of the country. Probably if it has prevailed, physicians have regarded it as classed with typho-malarial fever. Dr. Link, as before stated, has treated this disease for two years, and he regards it as a new form of disease. Dr. J. L. Willien informs me that he has recently treated a few cases of this disease, and regards it as differing from our typhoid or gastric fevers.

While the fever is somewhat typhoid in nature and duration, it is neither typhoid, typho-malarial nor gastric fever, from the following considerations: There is no reason to believe that the glands of Pyer are inflamed and ulcerated, or that the solitary or mesenteric glands are affected. In typho-malarial fever we have remissions, dry parched condition of the tongue, with heavy brown coating; the contrary in this disease, and although there is similar pain and distress in the stomach with vomiting, as we have in gastritis, yet the ever present bright red strawberry spots on the tip and edges of tongue, gradually extending to the whole surface of the mouth and throat, assuming a raw beef like appearance, with moisture of the tongue, does obtain in gastritis. And further, quinine in large doses has little or no control, either over the chill paroxysms or fever, in the earlier stage of this disease. In my opinion, this disease is an exanthematous inflammation of the mucous membranes, of the alimentary canal, bronchial tubes, uterus and vagina. It is not an inflammation resulting in supuration. Gastric catarrh is not an appropriate name. The type of our fevers in the Wabash Valley, is gradually changing from the open remittent to the continued or typhoid fevers. The influence of civilization, the opening up of the face of the country to cultivation, has had much to do in producing this change in the type of our fevers. Twenty-five or thirty years ago, typhoid or typho-malarial fever was not known. Some fifteen or twenty years ago, a fever, grading midway between remittent and typhoid began to prevail, and this, I presume, is the typho-malarial fever of the books. Within the last ten or fifteen years, typhoid fever is seen frequently; I mean true specific typhoid, specific in origin and propagation, with the characteristic symptoms and lesions. It is very rare immediately on the Wabash. Later we have more diseases of the serous membranes, as rheumatic malarial cerebro-spinal fever, and now a

peculiar mucous inflammation. Some physicians contend that they have treated this affection for thirty years. There are some old physicians who never see any thing new in medicine. It has not been my luck, in a practice of twenty-eight years, to treat this form of disease, till within the last two years.

I will have but little to say about the treatment, as this paper is simply one of inquiry, as to whether this form of disease has prevailed in other parts of the country, or whether members of this society have observed any type of disease simulating the account above given. The treatment is not satisfactory in the more severe cases; it is not cut short or even controlled by remedies. How long the more acute cases would run without treatment, I cannot tell, but chronic cases have continued for months. Yet much can be done to relieve pain and distress, and lead to a favorable termination. For this purpose I have used carbolic acid in one or two drop doses, combined with creta prep., sub. nitrate bismuth and glycerine, given in mucilage gum acasia, answers well. For the throat and mouth, a gargle of carbolic acid, potassa chlorate and chalk answers a good purpose.

In the more severe cases, nothing can be given till the vomiting is controlled. The carbolic acid mixture, mentioned above, will usually answer this purpose for a few days at a time, but it often returns, and some other means must be used. A complete rest from taking anything on the stomach will give relief often. The use of gargles will often produce retching, and will have to be discontinued till quiet is restored. The application of hot packs and turpentine stupes, persevered in for several hours at a time, will give great relief. The use of pure sweet cream internally, has a very soothing effect. When the stomach will tolerate it, bromide of potassa, tinct. of hyoscyamus and the tinct. valerian in aromatics, given in large doses, have the effect to allay nervous excitement, relieve pain and give rest. In fact, remedies di-

rected to the nervous system, appear to give more permanent relief than those directed to the secretions or locally. I have used sub. muriate hydrange gr. $\frac{1}{4}$, oxelate cerium gr. i, sub. nit. bismuth gr. iv, epica pul. gr. $\frac{1}{4}$ in mint water or mucilage, every 3 or 4 hours, and continued several days, have the effect to give some permanent relief. I have used quinine in gr. x. doses every four hours, have used the same doses evening and morning, without any good effect, but on the contrary, to produce general irritability of the nervous system, as well as of the local disease. Castor oil and turpentine, given in full doses, once in twenty-four or forty-eight hours, will have a good effect, after the irritability of the stomach is allayed. The treatment so effectual in typhoid and typho-malarial fevers, of giving large quantities of whiskey, grs. x. to gr. xx. of quinine night and morning, with castor oil and turpentine emulsion, is not applicable to this disease, in the earlier stage, especially; this treatment modified, may answer well after the active stage has passed off. In the latter stage permanent tonics, such as comp. tr. bark, hydr. chloric, tr. iron, combined with nervous sedatives, such as the bromides, hyoscyamus, etc., are beneficial.

STATE BOARDS OF HEALTH.

BY THAD. M. STEVENS, M. D., INDIANAPOLIS.

From Transactions of the Indiana State Medical Society of 1875.

In consideration of the growing importance of all matters relating to public health, we consider it proper to offer a few words as to the necessity of inaugurating some measures to facilitate inquiry in regard to the sanitary condition of our cities, towns and country locali-

ties, and the instituting of a more prompt and efficient system of relief from local and general causes of disease. Sanitary science with practical appliances attached is in this country in its infancy; but although it is a difficult subject to grapple with, and is not well understood even by the best, still enough of practical value is known to incite to far more vigilant action than is shown, and to justify us in trying to have a systematic plan.

We have no time to enter fully into the consideration of the sanitary value of boards of health, but will simply quote from an address of Ezra M. Hunt, M. D., Secretary of the New Jersey Sanitary Commission, delivered at Philadelphia, before the American Health Association, and published in *The Sanitarian*:

“Within forty miles of this place is a city of twenty-five thousand inhabitants as to which reliable reports made to me, say: ‘It has no system of sewerage. Garbage is thrown into back alleys, or in rear of lots, to take care of itself. House closets are drained into cesspools and ground near the buildings. The solid contents of privy vaults are removed at long intervals, and the liquid portions soak into the soil. The Board of Health has held no meetings for a long time, generally awaiting some great nuisance, or the actual invasion of an epidemic. It has no system of vital statistics, no certificates of causes of death, and so no actual record as to its insalubrity. All that we know of it is, that it is a good place for medical practitioners, and that they recognize a ground condition in many parts which is most deplorable.’ Large cities are not the only ones which suffer. We can find in the country towns and villages, ground which any New York inspector would report a nuisance. Damp ground, wet cellars, decaying vegetables, garbage, well, and cesspool and privy too near each other, occur in many small places.” (Pages 488-9.)

“Where, as in some parts, made soils are composed of an over accumulation of decaying matters, or of foul material removed from streets, the building of houses over it may conceal, but cannot destroy the contamination. More or less of the foul air must find its way out of the soil and endanger the health of those living upon it. Some claim that concrete cement and stone shut up the soil so as to prevent or moderate the evil, but experiments show that air and moisture still continue their interchange. While coarser filth can be more easily gathered from such a surface, and flushing and cleansing more easily conducted, the air of the soil beneath still has active relations to the atmosphere above. By this perpetual motion of air and water in soil, and by the laws of diffusion and capillary attraction, nature is busy maintaining an equilibrium of healthful compensations, which is embarrassed by human tenements, but fortunately not altogether suspended.” (Page 489.)

“As all our smaller cities and towns depend upon local wells for water supply, foul ground involves foul drinking water, and so the necessities of a clean soil are still further magnified.” (Page 489.)

“The engineer, the chemist, the microscopist, the physician, the architect, the sanitarian, have already been able to establish facts and record the needs, and sanitary legislation has much to do in reducing the results to practice. If we have increased the ground water by covering it from heat and light, we must, by special drainage and outflow, give facilities for its subsidence. If we have shut out air, we must thus make room for it, and keep the ground air pure both by circulation and by not multiplying materials for decay.” (Page 490.)

The State Medical Society of N. Y., at its session February, 1873, in consequence of the suggestion of its President, appointed a committee on hygiene, whose duty it was made to confer with various county societies, for the purpose of co-operating with similar local committees

appointed by such societies, with reference to sanitary subjects. The committee made a report upon "Defective Drainage," in the several localities of the state. This report presented many points of interest, not to physicians alone, but to the general public and citizens, showing conclusively the necessity of some steps being taken in connection with, not only this, but other sources of diseases. The legislature was memorialized by the committee and we believe at the present time New York has an efficiently organized State Board of Health.

The State of Michigan, young in years, but old in spirit and energy, has passed through the initiatory stages, and offers her State Board for improvement or criticism. The Hon. D. Strickler, Secretary of State, has issued a work upon vital statistics, compiled by Dr. Baker, Secretary of the State Board of Health, from which many valuable facts of general medical and legal interest can be culled, and who can tell of what value it will prove to the state in years to come?

The various reports presented to the board show the interest taken in the work in Michigan. The same subject has also been brought before the State Medical Society of Ohio, by Dr. Black of Newark. Of other states, those of Massachusetts, Minnesota, California, Virginia and New York have boards of health, while New Jersey has a sanitary Commission which will soon emerge into a State Board. The profession in other states are evincing similar interest. We recognize the great good that has been done by the various municipal boards of health, even though they are organized in a faulty manner, having no police powers, enabling them to work with efficiency, but we need one of greater power, that shall extend over the whole population. Without this the results will not be what they should, and that which is really necessary will be brought into undeserved disrepute.

In addition to the good results from the exercise of an

executive and police power, the work of a State Board of Health in conjunction with numerous local boards throughout the state, will, by means of reports and various articles published, exercise an educational power sadly needed with reference to sanitary subjects. In the language of Dr. Hitchcock, President of the Michigan State Board, "Educate the people in respect to the nature and consideration of the disease, and the means for their prevention, and make clear the facts that diseases are in a majority of cases traceable to ignorance, neglect or disobedience of the laws of hygiene—laws that can be observed and obeyed." As much as we deprecate the intermeddling of an ignorant layman with disease already formed, knowing that it is the province of the physician to deal therewith, we can but acknowledge that, with a community ignorant of hygiene, the physician can do but little in *preventive* medicine. He cannot compel, even with laws in his favor, the performance of those acts, or the observance of those rules that will insure health or ward off disease, neither can he prove to or convince the people that certain things are wrong or hurtful without a good foundation from which to reason, nor without the possession by the people of an amount of knowledge that naturally engenders a spirit of inquiry.

The economic aspect of the subject is one of interest. It has been computed that in Michigan the state board, in connection with local boards, have prevented two thousand deaths per annum, and saved the citizens of the state over two million dollars. Comment is unnecessary.

The legal value of the vital statistics, the collection and tabulation of which is contemplated in many places where a board of health is and ought to be established, cannot be fully delineated here. The record and preservation of the births, marriages and deaths, throughout the state cannot be attempted with success,

without law to regulate it, or without efficient and paid officers to perform the work. It is very true that on account of its great value—long since known to the medical profession—the physicians in the state, would at the cost of the blanks upon which such records are made, see to it that this work was done, especially if by law they were compelled to do so, and this would be proper. The value of such facts are known by their interest in suits at law, or in real estate titles as well as the great laws deduced from such statistics underlying all these laws of population, effect of admixture of races, hereditary and family influences that have heretofore and will more fully hereafter occupy the attention of the philosophers and political economists of the world.

A system that demonstrates its power to perform work of so substantial nature should be at once inaugurated in this State. There can be no excuse for longer delay. A state board in conjunction with local ones should at once be formed by legislative power.

The manner in which such board should be organized is, we think, plain, for we have several examples. A board of from five to seven members, some of whom should be physicians, with a competent, energetic health officer, with police powers, would be proper, the health officer's duties not only being to superintend the performance of sanitary works, but also act as secretary, collect and record the "vital statistics" upon *data* received from local boards and physicians.

As to local boards, we suggest that, in the several townships, the trustee, assessor and township clerk, with a physician elected by them as health officer, would be the proper formation, while in incorporated cities and towns, the council or board of trustees could elect a board. Such local board should report annually, or oftener, to the state board, and each practicing physician should be required to make a full record of births, marriages and deaths, and such facts that were of sanitary

interest as he might observe, and report the same to the state board. With such a machinery, but a few years will elapse until something of great value would be brought forth.

During the last session of the State Legislature, we introduced a bill for the consideration of its members, embracing the points above advocated. As silent work was thought to be the best, no one was taken into confidence and none were supposed to be aware of its introduction; but upon its being referred to a committee, we found at the time appointed for its examination, a delegation of our homœopathic friends ready to work against it. We did not at that time understand how intelligent men could by any means be prejudiced against such a measure; but we ascertained that they were working blindly in accordance with orders from the committee of the American Institute of Homœopathy, who misconstruing the intent of an effort to have Congress establish a "National Bureau of Sanitary Science," became alarmed and issued a circular to their friends throughout the Union. Among other points in such circular, we notice as follows:

"Simultaneously with the introduction of this bill into Congress, bills were submitted to the State Legislatures throughout the Union, and have become laws in seven states, creating boards of health.

"A practical effect of the creation of such boards, is illustrated by the Texas State Board, one of whose first acts was the adoption of a rule prohibiting the practice of medicine by any *'save graduates from medical colleges entitled to representation in the American Medical Association.'*

"And the spirit and intent of the effort to establish this National and those State Boards of Health is illustrated by the report of Dr. Stephen Smith, of New York, President of the American Public Health Association, at the recent meeting in Philadelphia. He

says: 'There is a new element which is destined to become a power of no mean import in the PUBLIC HEALTH SERVICE in every state in the Union. The agitation has begun. Already in no less than seven states has STATE MEDICINE found an abiding place and in the CENTRAL GOVERNMENT. * * * * Every state ought, under the *guidance of competent medical authority*, to take charge of all the schools of medicine and surgery within its borders, regulate their course of study and confer degrees upon candidates, and thus establish a uniform standard of medical qualification.' * * *"

A few words in explanation will settle all this, and put to rest the perturbed spirits of all who would oppose sect legislation in this respect. As to the first quotation, we have only to remember that the Texas State Board spoken of was not purely a board of health, but constituted also a board of examiners, with power to repudiate such practice. It was in consonance with the latter fact that any action was taken by them to restrict the practice to "graduates of colleges entitled to representation in American Medical Association." A spirit, whether dictated by practical wisdom or not, we will not stop to inquire, as it certainly has nothing to do with a properly organized board of health—such an one as we advocate. That the laws creating "state boards of health" in "seven other states" were like that of Texas we deny, for we have made previous mention of states possessing any such boards, they agree in object and power with that of Michigan, a fair sample of an efficient organization, devoted solely to public hygiene and the collection of vital statistics.

As to the second paragraph, as quoted, we must notice that "state medicine" includes three divisions, viz: 1. Public hygiene. 2. Forensic medicine. 3. The power to organize and regulate hospitals, asylums, etc., and to control, as in the case of the Texas Board, the

practice of medicine within the state. State medicine is the general term embracing all. As used by Dr. Stephen Smith, it evidently refers to the third division, and is improperly applied in the relation the Doctor uses it.

What he says is only his individual opinion, at any rate, and whether we agree with him or not, we must see that it does not touch upon the power or propriety of a board of health, included under the first division.

The bill to establish a National Bureau of Sanitary Service in the United State was in accordance with the rules adopted by the International Sanitary Conference and Quarantines, that convened last year in Vienna.

The first clause of their rules reading as follows: "In seaports in which there is no quarantine institutions, as in ports of the Red and Caspian seas, a sanitary authority shall be constituted of the medical men and government officials with a staff of assistants." etc.

Dr. Woodward, of the United States Marine Hospital, speaks of the intent of such an act in a paper entitled "Some defects in the Immigration Service affecting the sanitary interests of the country," showing that the Sanitary Bureau, contemplated has no reference to the third division of what we term "state medicine," but extends merely to the regulations of vessels and vehicles conveying merchandise, persons or animals into any part of the United States, prescribing the time and plan of performing quarantines by vessels, persons or goods. No one we presume will deny, but this is a step of the utmost importance.

Encouragement should be given, for similar reasons, to the establishment of a "state board of health," and local boards in every township throughout the United States.

We hope that this society will not adjourn without appointing a committee, whose duty it shall be to agitate this subject, and bring it before the profession and the people generally. Action is now needed. If the

cesspools, wells and refuse heaps, damp and noisome cellars, the decayed vegetation of forest lands, stagnant pools, green with fungi, etc., could be brought to view, and a spectroscopic examination made, or the electric light—such as revealed to Tyndall the elouds of otherwise unseen dust—could be flashed upon the emanations from these various unhealthy places and objects, a universal cry of horror would announce the certain acknowledgment of the necessity of some efficient means for the destruction of the pest that now unseen and almost unknown, enters into our homes, and envelops us as we walk forth.

Proceedings of Societies.

WABASH COUNTY MEDICAL SOCIETY.

Pursuant to previous notice, the Wabash County Medical Society met in its hall, on Thursday, July 22d inst.

On calling the roll, the following members answered to their names: Drs. O'Neal, Ader, McThomas, Renner, Murphy, J. H. Ford, J. Ford, Blount, Smith, Donaldson, Scott, Grayton and Dicken.

Dr. Dicken introduced to the Society Mr. Henry Hall, an agent from the firm of Powers & Weightman, Philadelphia, who made the following remarks in reference to the different alkaloids of the Peruvian barks:

PRODUCTIONS OF PERUVIAN BARK.

First. Quinine was offered to the profession, being the most readily obtained, and participated from the Peruvian's Bark in the largest quantities, accepted by physicians, answered the purpose, and became so popular, that little inquiry was made for the collaterals from

the same bark produced after the manufactures of Quinine.

There are two objections to the use of Quinine—the high price caused by a scarcity of the Bark, and the nervous trouble invariably associated with its use.

Whilst we acknowledge Quinine to have been the sheet anchor, you will not take it amiss if I call your attention to an improvement, by the introduction of neglected products, known by some physicians only by theory.

Second. We have Quinidine or Quinidid, which is about two-thirds the price of Quinine—an excellent alkaloid and should be used when the price is not an object.

Third. Sulphate of cinchonidid, about one-third the price of Quinine, with all the therapeutic effects of, and unlike Quinine, does not cause headache, ringing in the ears, or disordered vision, and not any disturbance of digestion.

Fourth. Cinchonid Sulph., I have known to be used to advantage, but somewhat nauseating unless administered in combination, and it requires a larger dose, but every part of the bark could be utilized, even the residue chinoidine.

It would be a great boon to the public to utilize these products and very much lessen the destruction of the Peruvian bark trees, which are much on the decrease.

Experience proves that cinchonidid is the best alkaloid, and in some instances preferred to Quinine. I have had some very gratifying letters from Chicago physicians. Prof. Andrews says that cinchonidid produces the same increase of vigor, without the unpleasant sensations that follow quinine. Prof. Quine states: "It ranks equal in power as a tonic and anti-periodic with any of the other derivations of Quinine."

The Madras government in India is alive to the importance of this alkaloid. Under the direction of Mr.

Howard, they are now using cinchonidid successfully. I have a quantity of evidence from physicians and hospitals, which I shall be glad to furnish, but afraid to ask further indulgence.

I hardly need say you will discriminate the difference between an alkaloid of a fixed base and a nostrum.

The author of an article in the Chicago Medical Journal seems like the Irishman who has a stick in his hand and must hit somebody. He describes an advertised nostrum, or so called substitute for Quinine, as containing so little Quinine that it was like the bread cut with a ham knife to give it a flavor.

In conclusion, cinchonidid, given in same doses as Quinine, is a powerful febrifuge, and will break up intermittents just as readily—preferable for feeble constitutions, and I can recommend you to use it with confidence.

After the addresses the subject was taken up and discussed by the members, who gave a very favorable report of the sulphate Cinchonida. So far as they had used the medicine, it had answered equally the purpose of quinine in intermittent fevers, &c., and in some instances where there was an idiosyncrasy against quinine it acted much better.

They all concurred with the statement made by Mr. Hall, and expressed themselves as being pleased with its effects so far, and that they would give it a still further trial.

Dr. Blount made an oral communication to the society, the substance of what he intended to have written, on the use of quinine in large doses, claiming that it was more efficient and took less to produce the desired effect. He recommended that it be given in the evening on retiring. A number of the members sustained the views of Dr. Blount. Some, however, thought that there was danger of producing deafness by such doses. One of whom stated that he had seen a number of such cases

of deafness, and had never known one of them benefitted by treatment, which was an argument in favor of Cinchonidia, that is said to have no such unpleasant symptoms following its use.

The Society having been notified of the death of Dr. Runyan, one of its members, a committee, consisting of Drs. Smith, Murphy and Waddle, was appointed to draft suitable resolutions, and present them to the next meeting, expressive of the feelings of the Society.

Whereupon the society, after directing the Secretary to prepare an abstract of the proceedings of the meeting for publication, adjourned to meet on the call of the President.

J. L. DICKEN, *Sec'y.*

Reviews.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA,—At its twenty-fifth annual session, held at Easton, Pa., May, 1874. Volume X.—Part I. Published by the Society.

The annual address by S. B. Kieffer, A. M., M. D., President, is a very fair production in which the advance in Medicine, Chemistry, Microscopy, etc., are noticed, but at the onset he makes the common mistake in promulgating the foolish idea that “by a simple act of disobedience” there came into our common race the elements of physical suffering. This without doubt existed as an element before the advent of Adam or “any other man.”

“Less rivalry, gentlemen, in our schools, and a higher order of literary, classical, and scientific attainment on the part of our students, is the problem which concerns us especially now, and foreshadows our relations to the high destiny awaiting our profession in the future.”

Even so, but is it practical in the present order of schools, formed upon the basis and supported as they are, that the hurtful form of rivalry should cease. Schools in a vast majority of cases depend upon the student's fee for existence, therefore they must have students, honestly if possible, but they *must have them*, those who are unfit as well as others must be admitted, or death from inanition occurs, but if such are admitted, by the "same rule" incompetent ones must be graduated, or the same result follows, for those incompetent for *admission* will seek a school where they *can* graduate. But upon the other hand if such are *admitted* and *graduated*, then death from "blood poisoning" is the result, and the school falls into disgrace and is hooted at both by the vulgar hand that helped destroy it and by the worthy. A few schools then are wealthy enough to be independent and say "thus and thus shalt thou do" to the student. Those have strength enough to keep in a degree pure, and therefore keep alive, but this is *not* the rule. The only remedy for the evil in general, is that medical schools should have *other* resources than fees of students, and while they should be made pay a reasonable amount (for the free school system, ought only to extend to the elementary branch—these that all require.) Still an endowment found sufficient to make the school independent would perhaps as fully as any other means remedy the many evils complained of as to the literary, classical and scientific attainments. Such attainments are all right, we believe in culture, but we must enter our protest against the idea now fashionable in certain quarters that none but "classical scholars ought to enter the medical and other professions." Such an idea at this time is a preposterous one to entertain. A thousand examples all over the country shows its fallacy. It is very true that the *lazy ignoramus* should find no place in the medical profession, but living, honored, active and well informed, men as far as English education is concerned, but who are igno-

rant of Latin, Greek, Hebrew and the higher sciences, make up the bulk of the efficient profession in this or any country. While such knowledge will not generally hurt men it is not essential in obtaining the knowledge that is requisite to place one in the front rank of medicine, he may not only be useful but ornamental. Far better would it be for those entering the profession to turn their attention to gaining at least a limited knowledge of French and German. We have not space to notice these valuable transactions as they deserve. There is an address in surgery by Thomas M. Drysdale, M. D., one in Obstetrics by W. B. Atkinson, M. D., report of one hundred and thirty two Cataract extractions by P. D. Keyser, M. D., two papers on Fracture by W. H. Lancaster, M. D., a paper on Croup in its relation to Tracheotomy by J. Solis Cohen, M. D., one on Ovarian Tumors removed per vaginam by R. Davis, A. B., M. D., and reports from various county societies.

DENTAL PATHOLOGY—by James A. Salter, M. B., F. R. S. W. Wood & Co., New York.

This is a most valuable work for the Scientific Dentist. It is while reading such we realize that dentistry has within the last few years been lifted out of the slough, and placed in the front ranks. The "tooth yanker" of old has given place to the surgeon, refined and enlightened.

LECTURES ON DISEASES OF THE RESPIRATORY ORGANS—Heart and Kidneys, by Alfred L. Loomis, M. D., Prof. of Pathology and practical medicine, in the Medical Department of the University of the City of New York, etc. Wm. Wood & Co., Publishers, New York.

These lectures are invaluable, both to the teacher and practitioner. The author treats of each subject in an exhaustive manner, giving etiology, means of diagnosis, morbid anatomy, treatment, etc., in full. Such works make the profession of medicine, they being in advance of the general text books.

ON FUNCTIONAL DERANGEMENT OF THE LIVER—Being the Cronian Lecture delivered at the Royal College of Physicians in March, 1875, by Charles Murchison, M. D., LL. D., F. R. S. Wm. Wood & Co., New York.

These lectures seem to contain all that are essential, that has been collected upon this subject.

SECOND ANNUAL REPORT—of the State Board of Health of the State of Michigan, for the fiscal year, ending September 30, 1874.

This is an admirable report made by Dr. Baker, Secretary of the Board. We would that we had space to notice it in full, but can only say that every one who takes an interest in hygiene, and statistics of general medical literature should obtain a copy, for it contains much of value, not only to the practicing physician, but the medical philosopher. In benighted Indiana, alas that we should write it! Shall we ever have an efficient Board of Health?

CIRCULAR NO. 8, WAR DEPARTMENT, SURGEON GENERAL'S OFFICE, WASHINGTON, MAY 1, 1875.—A report on the Hygiene of the United States Army, with description of military posts, Washington.

This is a most valuable work, fully in keeping with all the circulars issued by this department, and from which we hope to make copious extracts.

MEDICAL CHARTS OF TEMPERATURE, PULSE, RESPIRATION AND REGION,—issued by Case, Record & Co., 224 Laurell Street, Cincinnati, Ohio. Price \$2 per hundred, special rates to hospitals.

These charts are very convenient, they being so arranged that the temperature, pulse and respiration at any hour can be recorded without trouble.

AN ADDRESS ON THE CLIMATOLOGY OF FLORIDA,—delivered before the Medical Association of the State of Florida, at their annual meeting, held in the City of Jacksonville, on the 7th and 8th of February, 1875, by A. S. Baldwin, M. D., President.

Miscellaneous.

HINTS ON THE TREATMENT OF CONSTIPATION.—Habitual constipation is not a trivial affection. Its management requires much care and perseverance on the part of both physician and patient. Its causes are numerous, and should be diligently sought for, if we expect to manage a case with any degree of success. The constipation of the young is the result of dryness and solidification of the faecal matter from active absorption in the small intestine, and without treatment, under ordinary circumstances, would cease after a few years. By improper treatment it often becomes a serious affection; and at the time when nature should afford relief, we find many suffering from obstinate constipation and the long train of symptoms incident thereto. In the treatment of these do away with all cathartics and laxatives. The giving of aperients by the mouth for a very local affection confined to the opposite extremity of the intestinal tube, besides being a circuitous measure, is moreover attended with inconvenience and disadvantages. Commonly we can accomplish all that is desirable by proper attention to diet. The food should be pultaceous and herbaceous. A porridge once a day of barley and oatmeal will often be sufficient to regulate the bowels. Ripe fruit should be used with little restraint, and lemonade or cider drank freely. Should this system of diet fail to remove the affection, the next thing to be tried in addition is injections. A simple one of considerable volume of tepid water should first be employed; this failing, it can be medicated with castor or olive oil or turpentine.

In cases of constipation from indolence of the bowels we find especial indications for belladonna, nux vomica, and astringent injections. It is now generally believed that belladonna brings about increased peristaltic action. The cause of this increased action may be direct stimu-

lation of the muscular coat by atropia carried to it with the blood, but other causes have been suggested which seem worthy of consideration. When this drug is administered in small medicinal doses it causes a remarkable dryness of the throat and tongue, difficulty in, yet constant efforts at, deglutition. The changes in the act of micturition are remarkable and noteworthy. This is often hurried and frequent, sometimes interrupted, and occasionally there is slight strangury. In the throat the mucous secretion is obviously checked, the membrane is seen to be dry, and its surface is rendered more susceptible of irritation; hence the constant efforts at deglutition. I believe the effect of the drug on the other mucous membranes to be of the same nature; and in the bladder this arrest of mucous secretion results in irregular and frequent micturition. According to the above view its action on the bowels is easily explained. The mucous secretion being checked, the irritation caused by the contents of the intestinal canal, when its surface is thus unprotected, produces more prompt and vigorous contractile action.

Nux vomica acts as a stimulant to the motor nerves, and is especially indicated in those cases where there is reason to suspect a general want of tone in the bowels in consequence of long-continued distention. By acting as a tonic to the muscular coat of the intestines, it increases very sensibly the activity of purgative medicines. An aperient scarcely sufficient by itself to produce a single evacuation, when combined with extract of *nux vomica* causes active purgation, and this is not followed by that reaction that characterizes purgative medicines when given as such, but on the contrary the improved action of the bowels is comparatively speaking, sustained. I have used the following with excellent results:

Ext. <i>Nux Vomica</i>	gr. v.
Ext. <i>Colocynth Comp.</i>	
Pulv. <i>Aloes</i> , aa.	gr. xv.
Ext. <i>Belladonna</i>	gr. vij.
Ferri <i>Sulphas (exsis)</i>	gr. xv.—M.

Fiat. pil. No. xx. One pill to be take at bed time. Warm water injections should never be given in such cases. They are injurious because, as the muscular fibres are in a state of atony, they are thereby lengthened, softened, and deprived of their contractile power. Injections of cold water may be given with advantage, as they rouse the sensibility and contractile power of the intestine. In some cases I have seen good results from astringent injections. In some persons that have long suffered from constipation, particularly females, the rectum forms above the sphincter a pouch sometimes of considerable size, in consequence of distention from accumulated faeces to which the coats of the bowels have been subjected. Astringent injections into the rectum cause corrugation of the muscular fibres of the bowels, which by corrugation become shorter, and thus diminish the enlargement of the cul-de-sac spoken of. These injections may be used with advantage when there is reason to suspect an abnormal dilatation of the lower portion of the rectum; for instance, in constipation from the presence of a mechanical obstacle at the anus, caused by hæmorrhoidal tumors, swellings of a venereal, cancerous character, or contraction of the sphincter with or without fissure. These injections are, moreover, suitable, for the same reason, to females in whom constipation exists along with engorgement or retroversion of the uterus, and in all persons who, having their bowels relieved only once in eight or ten days, void, after painful efforts which can be compared to nothing but a sort of parturition, an enormous mass of hardened and dry faeces. The ingredients of these injections may be infinitely varied; they may be composed of oak bark, catechu, alum, &c. Whatever plan of treatment is adopted, it is of great importance that the diet of the patient should be regulated, and all should be instructed to go to stool at certain hours each day, whether they felt called by nature to do so or not.—*Baltimore Physician and Surgeon.*

THE USE OF PARIS-GREEN.—The Use of Paris-green in dealing with the Colorado beetle has been condemned on the ground that it poisons the soil, rendering it sterile, and that it is liable to be absorbed by the plant. Certain experiments made by Mr. McMurtrie, chemist of the Department of Agriculture, throw much light upon this question, and therefore are worthy of reproduction here. To determine the first point, that is, whether the Paris-green poisons the soil, Mr. McMurtrie planted peas in a number of flower-pots, each containing the same amount of earth, and all but one containing a certain proportion of Paris-green.

The proportion of 500 milligrammes in the flower-pot No. 6 is equal to 145.6 grammes per cubic foot, or 986.4 pounds per acre, calculating for a depth of one foot. Now, as less than two lbs. of Paris-green per acre is enough to use in warring against the beetle, it would take about 500 years to poison the soil, supposing the green to be applied every year, and that it was all retained. "But when rotation of crops is practiced," says Mr. McMurtrie, "and application of the poison cannot therefore take place upon the same plot more than once in three or four years, it is probable that each application being acted on by the natural solvents of the soil, will be removed by drainage before another is made." To the question whether arsenic can be absorbed and assimilated by the plant in the economy of growth, he replies in the negative. All of the plants grown, from the largest to the smallest, were examined according to Marsh's test for arsenic, but its presence could not be detected.—*Popular Science Monthly*.

ERGOT—MODES BY WHICH IT DESTROYS UTERINE FIBROIDS.—Dr. W. H. Byford (*Medical Examiner*, July 1, 1875) concludes an elaborate paper upon the treatment of uterine fibroids with ergot, by the following statements :

1. It is gradually disintegrated and absorbed. In this way it disappears without any violent or disagreeable symptoms.

2. Its nutrition is so interrupted as to produce a rapid destruction of its vitality, and hence decomposition within the capsule, and a semi-putrid mass expelled. This process is accompanied with evidences of inflammation of the uterus and toxæmia, more or less grave, according to the size of the tumor, the length of time between the commencement of decomposition and the expulsion of the tumor, and the vital resistance of the patient.

3. The tumor, in nearly its original condition, is totally or partially expelled from the cavity of the uterus, attended with varying degrees of inversion of the organ. In this condition it becomes amenable to surgical process for completing its removal.—*Ibid.*

POISONOUS DYES.—It is well known that the beautiful aniline colors are obtained by the aid of arsenic; the excess, however, Dr. Nowak states, may be removed from the finished material when the process is carefully conducted. When such precautions are not observed, and the coloring matters are used for confectionary and the like, disastrous results may follow. There has been less reason for anxiety about textile fabrics dyed with aniline colors, because of the very small quantity required to color silk and woollen materials, the arsenic being thus very much diffused, and the goods, moreover, losing any excess in the subsequent process of washing, etc., by which they are prepared for market. This is not always the case, however, and the explanation of the occasional presence of dangerous quantities of arsenic is the following: Woollen silk readily take the dye from the aniline solutions, but vegetable substances, such as cotton and linen, require previous preparation to enable them to do so. For this purpose a mordant

is used, in this way: They are dipped into a solution containing clay and arsenious acid, which makes them capable of retaining the aniline colors, though at the same time it makes them highly poisonous.—*Rundschau*.

TREATMENT OF CHOREA BY ARSENIC IN LARGE DOSES.—Dr. Eustace Smith, in a note to the *British Medical Journal*, of May 1st, 1875, emphasizes the value of arsenic in chorea, but states that it was not so generally known that the curative value of the drug is greatly increased by administering it in full doses. Children have a remarkable tolerance for it, especially in such a non-febrile affection where there is no increased irritability of the digestive organs. To a child between the ages of five and six and twelve, he would give in this complaint as much as ten minims of Fowler's solution three times a day, directly after meals. The influence of the treatment is seen almost immediately, and it is rare for any of the physiological effects of the drug to be seen. Under this treatment, he says that severe cases seldom last longer than a fortnight.—*British Med. Journal*.

SINGULAR OBSEERIC CUSTOM.—A correspondent of the *Lancet*, speaking of an absurd custom which prevails in Yorkshire, says: "The patient is confined with her clothes on, *all* her clothes (except perhaps her bonnet and shawl)—boots, stockings, drawers, petticoat, stays, dress, and the rest. If labor happens to set in when the woman is undressed in bed, the first rush on the part of herself and friends is to get her clothes on. She then usually lies down on the under mattress, the upper mattress or bed being turned over out of the way, and the labor goes on to its termination. When the placenta comes away the woman, without any further delay, is "got into bed," as it is called. The process consists in her getting up and standing on the floor, or sitting in a

chair, while her clothes are taken off, a clean night-dress put on, and the bed made, when she mounts into it as if nothing in particular had occurred."—*Medical Record*.

AN EXTRAORDINARY EXPLOSION.—A few weeks ago an explosion occurred in the apothecary store of Mr. G. D. Dows, on Washington Street, this city, which in many of its aspects is the most remarkable on record. In view of this practical experience, and with the facts connected with the explosion at Mr. Dows' store before us, it seems highly probable that the catastrophe was caused by the vapor of ether. Mr. Dows states that he had several bottles of this dangerous agent, holding five pounds each, in the rear of his store, or in the cellar, and the sudden breaking of any of them by falling, or by pressure of the volatile liquid, would by the ignition of the air-mixed vapor be sufficient to produce the entire work of ruin. The vapor of ether, when mixed with atmospheric air, affords a very powerful and dangerous explosive agent. Of this we have had practical experience in the extensive manufacture of the agent.—*Boston Journal of Chemistry*:

HOW TO REMOVE ADHESIVE PLASTER.—The portion of the plaster which is left adhering to the skin may be quickly and completely removed by the use of oil of turpentine and sweet oil. Use a little more than half turpentine. This compound carefully rubbed over the parts with a bit of cloth, or sponge, and then washed off with warm soapsuds, will leave the surface as clean as nature ever intended.—*Lancet and Observer*.

CINCHO-QUININE.

CINCHO-QUININE, which was placed in the hands of physicians in 1869, has been tested in all parts of the country, and the testimony in its favor is decided and unequivocal.

It contains the important constituents of *Peruvian Bark*, Quinia, Quinidia, Cinchonina and Cinchonidia, in their alkaloidal condition, and no external agents.

"I have tested CINCHO-QUININE, and have found it to contain quinine, quinidine, cinchonine, and cinchonidine."

UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

F. A. GENTH, Prof. of Chemistry and Mineralogy.

LABORATORY OF THE UNIVERSITY OF CHICAGO, February 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE, and by direction I made a qualitative examination for quinine, quinidine, and cinchonine, and hereby certify that I found these alkaloids in CINCHO-QUININE."

C. GILBERT WHEELER, Professor of Chemistry.

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain quinine, quinidine, cinchonine, and cinchonidine."

S. P. SHARPLES, State Assayer of Mass.

In no other form are combined the important alkaloidal principles of Bark, so as to be accessible to medical gentlemen.

In it is found Quinidia, which is believed to be a better anti-periodic than Quinia; and the alkaloids acting in association, unquestionably produce favorable remedial influences which can be obtained from no one alone.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages which greatly increase its value to physicians:—

1st. It exerts the full therapeutic influence of Sulphate of Quinine, in the same doses, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does, and it produces much less constitutional disturbance.

2d. It has the great advantage of being nearly tasteless. The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d. It is less costly; the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th. It meets indications not met by that Salt.

Middleburg, Pa.,
April 13, 1875.

Gentlemen: I cannot refrain from giving you my testimony regarding CINCHO-QUININE.

In a practice of twenty years, eight of which were in connection with a drug store, I have used Quinine in such cases as are generally recommended by the Profession. In the last four or five years I have used very frequently your CINCHO-QUININE in place of Quinine, and have never been disappointed in my expectations.

J. S. Y. SHINDEL, M.D.



Gents: It may be of some satisfaction to you to know that I have used the alkaloid for two years, or nearly, in my practice, and I have found it reliable, and all I think that you claim for it. For children and those of irritable stomachs, as well as those too easily quinine by the Sulphate, the Cincho acts like a charm, and we can hardly see how we did without it so long. I hope the supply will continue.

Yours, with due regard,

J. R. TAYLOR, M.D., Kosse, Texas.

I have used your CINCHO-QUININE exclusively for four years in this malarial region.

It is as active an anti-periodic as the Sulphate, and more agreeable to administer. It gives great satisfaction.

D. H. CHASE, M.D., Louisville, Ky.

I have used the CINCHO-QUININE ever since its introduction, and am so well satisfied with its results that I use it in all cases in which I formerly used the Sulphate; and in intermittents it can be given during the paroxysm of fever with perfect safety, and thus lose no time.

W. E. SCHENCK, M.D., Pekin, Ill.

I am using CINCHO-QUININE, and find it to act as reliably and efficiently as the Sulphate.

In the case of children, I employ it almost exclusively, and deem its action upon them more beneficial than that of the time-honored Sulphate.

W. C. SCHULTZ, M.D., Marengo, Iowa.

CINCHO-QUININE in my practice has given the best of results, being in my estimation far superior to Sulphate of Quinine, and has many advantages over the Sulphate. G. INGLETT, M.D., Northampton, Mass.

Your CINCHO-QUININE I have used with marked success. I prefer it in every way to the Sulphate.

D. MACRAT, M.D., Dallas, Texas.

We will send a sample package for trial, containing fifty grains of CINCHO-QUININE, on receipt of twenty-five cents, or one ounce upon the receipt of one dollar and sixty cents, post paid. Special prices given for orders amounting to one hundred ounces and upwards.

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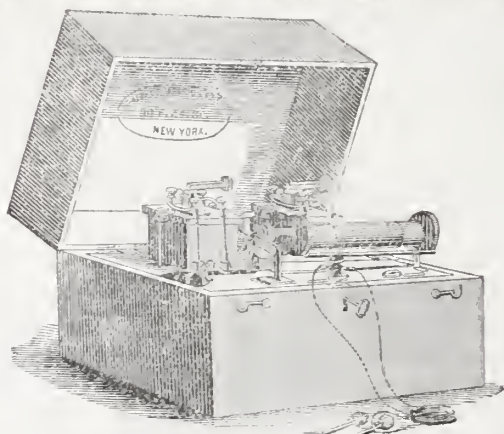
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Electrodes for Eye, Ear, Larynx, Nose, Uterus, Vagina, Bladder, Rectum, Feet Phrenic and Sympathetic Nerves, Electrolysis, Galvano-Caustic, and all Electrical Instruments for Medical Use.

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"I have thrust these Needles into almost every part of the body, into the Joints, the Liver, the Spleen, the Bladder, the Intestines, the Lungs and the Meninges, and I can affirm, and a great number of observers affirm with me, that we have never seen consecutive accidents."—*Dieulafoy on Pneumatic Aspiration*, pp. 21, 24.

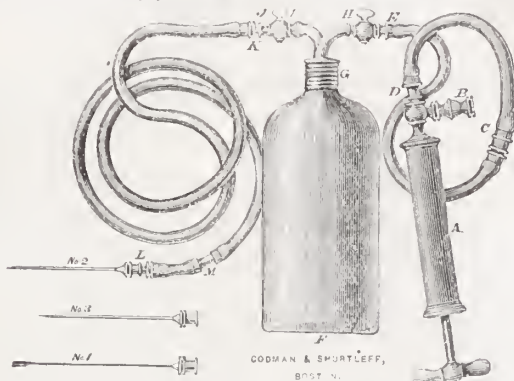


FIG. 68.—DESCRIPTION.

A, Brass Air Pump. B, C, Chambers containing Valves. By reversing the position of the chambers, the pump may be used at will as an exhaust or as a force-pump. A double milled circle around one end of each indicates, when these circles on both chambers are *towards* the pump, that it is an exhaust pump; when the circles are turned from the pump, that it is a force-pump. The chamber, C, is reversed by turning it with the tube end for end; D, E, Metallic Joints or Couplings, either of them fitting the pump or the air-cock, H, as required. F, Glass Receiver of sixteen-ounce capacity, having a coarse screw-thread cast into the glass of the neck so as to screw into a corresponding thread in the brass cap, G, making an air-tight joint by means of rubber packing. I, Fluid Cock. K, L, Metallic couplings. M, short piece of Glass Tube to give early notice if fluid has passed the needle. Nos. 1, 2, and 3, Aspirator Needles, steel, hardened and tempered at cutting point and plated with gold.

We invite the attention of the Medical Profession to this New Apparatus for Aspiration, constructed upon the general plan of Potain's modification of Dieulafoy's Aspiration, but containing the following improvements and inventions of our own.

1st.—Means of changing the pump from an exhaust to a force-pump, and *vice versa*, thereby enabling the operator not only to withdraw an abnormal fluid, but to inject the cavity through the tubes and needles of the apparatus with one adapted to induce healthy action.—See *Dieulafoy on aspiration*, pp. 276, 278

2d.—The employment, in our apparatus No. 1, of a metal Screw Cap, fitting the neck of the receiver supplied with this apparatus so securely that it cannot be forced from its place by condensed air while injecting, or accidentally removed while the receiver is in a state of vacuum for aspiration.

3d.—The use of indestructible valves.

Instead of the oiled silk valves of French and other American apparatus, which are almost certainly injured by contact with liquids,—for instance, the accidental and almost unavoidable introduction either of a few drops of the aspirated fluid, or of the oil used for lubricating the pump,—we employ a light metal valve, fitting a metallic seat, the two ground together so as to secure close contact. They are unchangeable in form, and cannot be injured by contact with fluids. If desired, they may be as freely used, and the pump also, for liquids as for air. These valves are readily accessible by unscrewing the valve-chambers, and require no care beyond occasionally wiping valve and seat with soft paper or cloth to remove dust or adherent particles should they fail to work perfectly.

4th.—An attachment for evacuating the contents of the stomach by adaptation to the pump and valves which accompany the aspirator, of a suitable stopper, cocks, rubber hose, and stomach tube. The stopper is of form and size to fit almost any large bottle, jug, or demijohn such as may be found in most houses.

Thus at half the cost of an ordinary stomach pump, the physician having the aspirator may supply himself with a means of evacuating and of washing out the stomach equal, if not superior, to any in use hitherto.

Commendations bestowed upon our Aspirators, by physicians familiar with the latest European and American ones, lead us to believe that, in some important particulars at least, they are superior to any.

In his work on Pneumatic Aspiration, Dieulafoy shows the harmlessness of the Aspirator Puncture and its great superiority to the Exploring Trocar as a means of accurate diagnosis in all collections of Pathological Fluids. It has been used with unprecedented success in Retention of Urine, Reduction of Strangulated Hernia in Ascites, Hydrothorax, Empyema, Pneumothorax, Effusions into the Pericardium, Serous, Purulent and Hematic Effusions of the Knee, Hydrocele, Hydated Cysts, Abscesses of the Liver, and in various other Pathological Lesions.



FIG. 69.—The Stopper and Cocks supplied with Apparatus No. 2.

PRICES OF APPARATUS.

No. 1. Air Pump.—exhaust or condensing as described; 16 oz. receiver, of strong glass, with screw cap; three steel, gold-plated Aspiratory Needles, together with the necessary tubes, stop-cocks, &c., as shown in Fig. 68, fitted in a neat case, accompanied with printed directions 15.00

No. 2 The same, without receiver and with rubber stopper see Fig. 69 to fit almost any bottle of quart capacity, or less, instead of screw-cap arrangement, also with printed directions 16.00

No. 3 Dieulafoy's Notched Aspirator. Nickel-plated, with two Needles, tubes, &c., in case 14.00

No. 4. Stomach Attachment as described, adapted to pump accompanying Nos. 1 and 2, additional . . . 8.00
For Pump and Brass parts of Nos. 1 or 2, Nickel-plated, add. 1.50
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